



## Stereotypical Beliefs and Attitudes toward Psychological Disorders in a Rural Community in Nigeria

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**ABSTRACT** Findings have shown the importance of beliefs in formation of people's attitudes toward psychological disorders. Also, understanding the extent at which each of the described stereotypical beliefs contributes in explaining people's attitudes is vital for intervention purposes. The study examined the stereotypical beliefs that psychological disorders are dangerous, embarrassing and incurable as predictors of attitudes toward mental illness. This is a cross-sectional survey using ex-post facto research design. Data were collected from 200 ( $M = 28.88$ ,  $SD = 10.27$ ) participants using structured questionnaire that consisted of demographical characteristics, measures of beliefs about psychological disorders and attitudes toward mental illness. Results of a three-model hierarchical regression test show significant independent and joint contributions of beliefs toward people's attitudes to mental illness. Belief that psychological disorder is dangerous ( $R^2 = 15\%$ ) was found to have the largest contribution; followed by the beliefs that it is incurable ( $R^2 = 12\%$ ) and embarrassing ( $R^2 = 5\%$ ) of the explained variance in attitudes toward mental illness. It is concluded that members of the rural community still have some stereotypical beliefs about psychological disorders; and these could affect their attitudes toward mentally ill. It is recommended that intervention programmes made by mental health practitioners and stakeholders should be focused on defusing the minds of people in rural communities of their beliefs and attitudes toward psychological disorders as well as those individuals suffering from them.

### INTRODUCTION

Attitude is a hypothetical construct that represents the extent to which an individual likes or dislikes something; which could either be positive or negative. An individual's attitude towards mental illness becomes a precipitating factor to his or her discriminating or stigmatizing behaviour toward those mentally ill. This is based on the theoretical background that establishes the link between attitude towards an object and the actual behaviour. People's attitude towards mental illness in urban and rural areas may differ based on several factors. In rural communities for example, people's attitude towards mental illness could be attributed in some ways to certain stereotypical beliefs about psychological disorders; especially when one considers the stigma, prejudice and discrimination the mentally ill suffer (Putman 2008; Law et al. 2009; Poredi et al. 2015). This study is based on the premise that certain stereotypical beliefs could have di-

rect or/and combined contributions in explaining people's attitude towards mental illness in a rural community. More importantly, each of these beliefs could bear more impact than the other in the formation of attitudes toward mental illness.

Universally, people's attitudes toward mental illness have been regularly reported to be discriminatory and prejudiced (Law et al. 2015). In fact, it appears to be a global phenomenon; suggesting that this negative view may not be peculiar to some populations. For example, a systematic review and meta-analysis of public attitudes pointed out that despite improvements in mental health literacy across the globe, public attitudes and desires to maintain a kind of social distance from those mentally ill have remained stable over time (Schomerus et al. 2012). Similarly, in another study in Ghana, Fiasorgbor and Aniah (2015) reported that a large number of respondents still have some erroneous beliefs that psychological disorder is due to witchcraft and evil spirits or that it is the result of divine punishment to the ill. However, discrimination and stigmatization have always been the outcomes of negative attitude toward people with mental illness. For instance, it has been reported that people with mental health problems experience rampant harassment in their various communities (Kelly and McKenna 1997; Shibre et al.

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2001; Berzins et al. 2003). Therefore, this negative public attitude is damaging to the individuals with mental illness and are related to substantial societal burden (Link et al. 1999; Sharac et al. 2010). All these reactions from people may be attributed in some ways to their beliefs about causes, perception, prevention and management of mental disorders.

From the global perspective, studies have revealed that inaccurate beliefs about causality and inadequate knowledge of mental illnesses have been severally reported to be responsible for the negative attitude people have about mental illness (Gureje et al. 2006; Siow et al. 2007). In the same manner, knowledge and beliefs about mental disorders were reported to support the acknowledgment, management or prevention of these disorders (Jorm et al. 1997). Similarly, attitude toward mental illness remains negative in Nigeria. Recently, Ihenacho et al. (2016) reported that many respondents believed that mental illnesses are caused by evil spirits, shocking events as well as witchcrafts. In Aina et al.'s (2010) study, they reported that orthodox treatment is important for the treatment of mental disorders. In another study, Ewhrudjakpor (2009) found that many workers in health facilities were still deep-rooted in cultural beliefs as well as, traditional social acts to disregard mentally ill. Issa et al. (2008) reported that a good number of respondents in their study believed that mental illness could be due to "curse". In their own study, Gureje et al. (2005) had long reported presence of poor knowledge and community undesirable attitudes toward mental illness; and confirmed the presence of dangerousness belief and intolerance toward those who are mentally ill. In a rural community in the northern part of Nigeria, Kabiri et al. (2004) reported that virtually half of the respondents concealed negative feelings toward mentally ill. Also, more respondents reported that the mentally ill should be given orthodox medical care and many conceding to the ideal of spiritual healing (Kabiri et al. 2004). Ohaeri and Fide (2001) correspondingly reported that respondents attributed cause of mental illness to satan, enemies, witchcraft among others. All these aforementioned studies show a predominance of erroneous and stereotypical beliefs that people have about mental illnesses and toward those who suffer from them.

Consequently, those with mental disorders suffer double blows: the illness and the stig-

matization they receive from the public which could further worsen their wellbeing and health-seeking behaviour at the end. This study is therefore based on the premise that the negative reactions from people might not be unconnected to people's beliefs that mentally ill are dangerous; embarrassing and that the illness itself is incurable. Firstly, stereotypical belief that mental disorder is dangerous can be said to be the perceived threat of violence that people have toward mentally ill that they can be harmful to them. This confirms the report on the belief that persons with mental illness are dangerous, which is an important factor in the development of stigma and discrimination (Corrigan et al. 2002). In their study, Siow et al. (2002) reported that 96 percent of respondents believed that people with mental illness are dangerous because of their violent behaviour; and that an enormous number of them would not want to tolerate or have social contacts with them. In studies carried out by Pescosolido et al. (1999, 2000), they found that a vast majority of Americans defined mental illness in terms consistent with violent or hazardous behaviour; and believed that persons with mental illness pose a threat for violence towards themselves as well as people in their surroundings. Apart from the belief that mental illness is dangerous, another stereotypical belief is that it is embarrassing to be diagnosed of mental illness or be related to mentally ill persons. Secondly, the belief that mental disorder is embarrassing is viewed as the people's perceived humiliation that mentally ill persons could bring to their relations. Thirdly, the stereotypical belief that mental illness is incurable refers to the belief that mental illnesses cannot be completely cured and that the symptoms could appear again unannounced. All these factors can greatly influence people's attitudes toward mental illness and make them exhibit some forms of stigmatization and avoidance toward those mentally ill.

There have been mixed findings on male and female differences in attitudes toward mental illness in various populations within and outside Nigeria. However, understanding the influence of gender in public attitudes toward mental illness is important. Many studies have reported that women display positive attitudes toward people with mental disorders than their men counterparts (Savrun et al. 2007; Ewalds-Kvist et al. 2013; Gibbons et al. 2015). Some other stud-

ies reported a reverse note on the direction of the significant gender difference; where they reported that females were found to exhibit negative attitudes toward mental illness than males (Shebabaw et al. 2014). On a contrary note to these previous findings regarding gender difference, other studies carried out in different countries revealed equality in males and females as regards their attitudes toward mental illness (Samir et al. 2002; Holzinger et al. 2012; Akpunne and Uzonwanne 2015). More importantly, prior research examining public attitudes toward mental illness in Ekiti state (Omolayo et al. 2013; Mokuolu 2009), have either focused on caregivers' attitudes or examined attitudes across the state without considering the importance of specific beliefs on people's attitudes in a particular community in the state.

Virtually, many of these aforementioned studies have used different approaches to confirm the presence of various superstitious beliefs as predictors of people's attitude towards mental illness in urban and rural communities. However, rarely did these studies establish degree of contributions of each of identified beliefs in the explanation of people's attitudes toward mental disorders; especially in rural communities that might lack comprehensive understanding of mental disorders. In view of this, this study was designed to examine extent to which each of the beliefs that psychological disorders are dangerous, embarrassing and incurable in the explanation of people's attitudes toward mental illness in a rural community. Also studied is gender difference in people's attitudes toward mental illness in the community.

### Objectives

1. To examine extent to which dangerous, embarrassing and incurable beliefs about psychological disorders independently and jointly predict attitudes toward mental illness in a rural community.
2. To investigate gender difference in people's attitudes toward mental illness in a rural community.

## METHODOLOGY

### Research Design

A cross-sectional study that embraced ex-post facto research design was done. The study was cross-sectional in nature because data were

collected from the participants at once and none of the independent variables was subjected to active manipulation in the study. Independent variables are dangerous, embarrassing and incurable beliefs about psychological disorders, while dependent variable is attitude towards mental illness.

### Description of Setting

The study was carried out in a rural community called Oye-Ekiti in Ekiti state, Southern part of Nigeria. Oye-Ekiti is the headquarters of Oye-Local Government Area (LGA) in Ekiti state. History has shown that Oye LGA was carved out from the defunct Ekiti North LGA on 17<sup>th</sup> May, 1989; and it consists of some minor towns and many villages. As reported in National Population Commission (2006), Oye LGA has a population of about 134, 210. People of the community are known for farming and they are predominantly Yoruba. Mostly, they speak Yoruba Language with minor dialectical differences.

### Participants

A convenience sample of 200 participated in the study. The descriptive analyses of demographic information of respondents depicted that out of the 200 respondents, 106 were males (53%) and 94 were females (47%). One hundred and eighty four of the respondents were married (92%), 14 were singles (7%) and 2 of the participants were separated, which made up 1 percent of the sample. The highest level of education attained; 8 (4%) were Ordinary National Diploma/National Certificate Examination holders, 20 (10%) were Higher National Diploma holders, 161 (80.5%) were first degree holders and 11 (5.5%) were postgraduate degree holders. In terms of religious affiliation, 168 (84%) of the participants were Christians, 25 (12%) were Muslims and 7 (3.5%) were Traditionalists.

### Instrument Description

Existing scales with robust psychometric properties were used in the study to evaluate the belief dimensions about psychological disorders and attitudes toward mental illness. The questionnaire consisted of demographic information which included age, gender, marital status, highest level of education and religious af-

filiation. Stereotypical beliefs about psychological disorders were measured using 21-item scale developed by Hiria (1999). The scale has three dimensions: dangerous, embarrassment and incurability beliefs about psychological disorders measured with 5, 10 and 6 items respectively. The author reported reliability coefficient of 0.75 for the dangerous belief dimension and 0.68 reliability coefficient was obtained in this study. The author reported a reliability coefficient of 0.84 for the embarrassment dimension and an alpha coefficient of 0.70 in this study. Also, the author reported a reliability coefficient of 0.82 for the incurability dimension and 0.79 alpha coefficient was reported in this study. Furthermore, attitude toward mental illness was assessed by a scale developed by Ng and Chan (2000). The authors reported a reliability coefficient of 0.87 and 0.77 alpha coefficient was obtained in the current study. All the scales were in Likert response format which ranged from strongly disagree (scored 1) to strongly agree (scored, 5). High scores on each dimension are indicative of higher report of belief dimensions. However, on the attitude towards mental illness scale, high scores are indicative of negative attitude toward mental illness.

#### **Data Collection Procedure and Ethical Consideration**

For ethical reasons, the researchers sought for verbal consents from individual participants before they completed the questionnaires for the study. Questionnaires were distributed using convenience sampling method; whereby respondents who offered to partake in the study were given questionnaires to complete. Each of the participants was thanked after completing the questionnaires. Two hundred and fifty questionnaires were distributed where 211 were retrieved; indicating a response rate of 84 percent. However, only 200 questionnaires that were appropriately completed were used for data analyses in the study. The process of administration of questionnaires took approximately three weeks.

## **RESULTS**

### **Descriptive Analyses of Dimensions of Beliefs**

In terms of knowing the extent at which participants reported how dangerous psychological disorders are, it was found that 53 percent

strongly agreed that a mentally ill person is more probable to harm others than a person who is not mentally ill. Also, 33 percent of the respondents agreed that a person needs to distance himself or herself from people who have psychological disorders. In a similar disposition, the results showed that 36.5 percent of respondents agreed that they are afraid of individuals who are suffering from psychological disorders because they may harm them. The results affirm the general belief in the group that individuals suffering from psychological disorders are dangerous. To describe the degree at which participants reported how embarrassing psychological disorders could be, the researchers' results demonstrate that majority of them (38.5%) agreed that it could be embarrassing if they were diagnosed of any form of psychological disorder. Similarly, 30.5 percent of the respondents agreed that having a mentally disordered person in the family is embarrassing. Also, a good number of the respondents (46%) agreed that mentally ill individuals cannot function well. All these results indicate that the general belief in the sample that psychological disordered persons are moderately embarrassing and could be untrustworthy. In order to know the level at which participants reported how incurable psychological disorders are, the researchers' results describe that 38 percent of the participants agreed that psychological disorder is recurrent in nature. A representative number of 43.5 percent agreed that people who have once been treated of psychological disorders are more likely to be further treated in the future. However, 31 percent of the respondents disagreed with the idea that psychological disorder cannot be cured regardless of treatment. With this in mind, it reveals that people might believe that psychological disorder is recurrent, but can be cured with intensive treatment.

### **Hypotheses Testing**

In order to test the hypothesis that dangerousness, embarrassment and incurability dimensions of beliefs about psychological disorders would independently and jointly predict attitudes toward mental illness, a hierarchical multiple regression analysis was used. The result is presented in Table 1.

From Table 1, in the first model, all the stereotypical beliefs about psychological disorders

**Table 1: Hierarchical multiple regression analysis of stereotypical beliefs about psychological disorders on attitudes toward mental illness**

Predictor variables	Model 1	Model 2	Model 3
Dangerousness	.39**	.30**	.24**
Belief			
Embarrassment		.23**	.15*
Belief			
Incurability			.37**
Belief			
R	0.39	0.44	0.57
R <sup>2</sup>	0.15	0.2	0.32
Adj. R <sup>2</sup>	0.15	0.19	0.31
R <sup>2</sup> change (%)	0.15	0.05	0.12
F-ratio	35.18**	24.13**	30.72**
F change	35.18**	11.25**	35.47**

Criterion Variable: Attitude towards mental illness  
Significant at .01\*\* level; Significant at .05\* level

jointly predicted attitudes toward mental illness [ $F(1, 198) = 35.18; p < .01$ ]. This joint prediction explained about 15 percent of the variance in attitudes of people toward mental illness. Similarly, the stereotypical belief that psychological disorder is dangerous ( $\beta = .39; p < .05$ ) significantly and independently predicted attitudes toward mental illness in the first model. The result indicates that the higher the stereotypical belief that psychological disorders are dangerous, the more negative people's attitude is toward mental illness. In the second model, dangerousness and embarrassment dimensions of beliefs about psychological disorders were added together and they both jointly predicted attitudes toward mental illness [ $F(2, 197) = 24.13; p < .01$ ]. This joint prediction accounted for about 20 percent of the explained variance in people's attitudes toward mental illness. This means that the addition of embarrassment dimension of belief led to an incremental prediction of (5%) in attitudes toward mental illness among the people. In the second model, the result of independent prediction showed that dangerousness dimension of belief still significantly independently predicted attitude toward mental illness ( $\beta = .30; p < .01$ ); indicating that the higher the level of dangerousness dimension of belief about mental illness, the more negative are people's attitudes toward mental illness. The same result establishes that embarrassment dimension of belief independently predicted attitudes toward mental illness ( $\beta = .23; p < .01$ ); indicating that the higher the level of embarrassment dimension of belief

about psychological disorders, the more negative are people's attitudes toward mental illness.

In the third model, dangerousness, embarrassment and incurability dimensions of beliefs about psychological disorders were added together and they all jointly predicted attitudes toward mental illness [ $F(3, 196) = 30.72; p < .01$ ]. This joint prediction accounted for about 32 percent of the explained variance in people's attitudes toward mental illness; meaning that the addition of incurability dimension of belief led to an incremental prediction of (12%) in attitudes toward mental illness among the people. In the same third model, the result of independent prediction showed that dangerousness dimension of belief still significantly independently predicted attitude toward mental illness ( $\beta = .24; p < .01$ ); indicating that the higher the level of dangerousness dimension of belief about mental illness, the more negative are people's attitudes toward mental illness. The same result establishes that embarrassment dimension of belief still independently predicted attitudes toward mental illness ( $\beta = .15; p < .05$ ); indicating that the higher the level of embarrassment dimension of belief about psychological disorders, the more negative are people's attitudes toward mental illness. In the same manner, incurability dimension of belief still independently predicted attitudes toward mental illness ( $\beta = .37; p < .01$ ); indicating that the higher the level of incurability dimension of belief about psychological disorders, the more negative are people's attitudes toward mental illness.

Examining gender difference in attitudes toward mental illness among people, the researchers conducted a t-test for independent samples to know if male respondents would significantly report negative attitudes toward mental illness than female respondents. The result is presented in Table 2.

**Table 2: t-test showing gender difference in attitude toward mental illness**

	Gen-der	N	Mean	Std	df	t	P
Attitude	Male	106	101.68	15.59	198	-0.22	ns
	Female	94	102.12	11.77			

Table 2 presents that male respondents ( $M = 101.68, SD = 15.59$ ) were not significantly different in attitudes toward mental illness compared to female respondents ( $M = 102.12, SD = 11.77$ ),

$t(198) = -0.22; p > .05$ . In other words, gender has no significant influence on attitudes towards mental illness among people.

### DISCUSSION

The study investigated extent at which dangerousness, embarrassment and incurability dimensions of beliefs about psychological disorders separately and jointly explain people's attitudes toward mental illness in a rural community. Also studied is gender difference in people's attitudes toward mental illness in the community. Collaborating with previous studies carried out within and outside Nigeria, this study revealed presence of negative attitudes toward mental illness in the community. This is consistent with other studies that have reported incidence of negative public attitudes toward mental illness in society which have remained erroneous and unyielding (Fiasorgbor and Aniah 2015; Schomerus et al. 2012). Presence of negative attitude toward mental illness in this community is indicative of the degree of tolerance that people of this community have toward mentally disordered persons. More importantly, apart from the joint contribution of the three stereotypical beliefs; the study further revealed extent to which each of these beliefs explains people's attitudes toward mental illness. Explicitly, people's stereotypical beliefs revealed that majority of the participants agreed that mentally ill could be harmful to people in their surroundings. This confirms the presence of dangerousness dimension of belief people have about psychological disorders. Also, the results revealed that a moderate number of the participants agreed to feeling embarrassed having mentally ill as relatives; which is an indication of presence of embarrassment dimension of belief in people. The results further revealed that majority of the respondents believed that mental disorders are recurrent; hence, cannot be completely treated. This also confirms the presence of incurability stereotypical belief about mental disorders in people. It can be deduced from the descriptive results that a good number of people in the rural community still have the stereotypical beliefs that mentally ill people are violent and dangerous; and exhibit some kind of embarrassment to the public and that though, there could be treatment; it is not a permanent solution.

To further establish the separate and combined contributions of these stereotypical beliefs in people's attitudes toward mental illness, it was statistically found that dangerousness, embarrassment and incurability dimensions of beliefs jointly predicted attitudes toward mental illness. This finding is consistent with many previous studies that have reported presence of various forms or components of stereotypical beliefs about mental disorders among people (Ihenacho et al. 2016; Siow et al. 2007; Gureje et al. 2006). Apart from the joint contributions of the three examined stereotypical beliefs, it was also found that each of them had significant contribution in the explanation of people's attitudes towards mental illness. Interestingly, it was found that though all the three stereotypical beliefs have significant influences on people's attitudes toward mental illness; however, each of them has higher contribution than one another.

Specifically, it was found that dangerousness dimension of belief independently showed a larger contribution of 15 percent in explaining people's attitudes toward mental illness. This finding collaborates with previous studies such as Corrigan et al. (2002) and Gureje et al. (2005) that reported that belief that persons with mental illness are dangerous, is very germane in the development of stigma, discrimination and intolerance in people. The researchers' finding is also consistent with previous studies that have reported that a large number of people believe that people with mental illness are dangerous and could be violent in behaviour (Siow et al. 2002; Pescosolido et al. 1999, 2000). The present finding suggests that dangerousness dimension of belief contributes immensely towards the formation of people's negative attitudes toward the illness or those who are mentally ill.

In the same result, it was found that embarrassment dimension of belief also independently predicted people's attitudes toward mental illness. This finding is in line with the conclusion that people are intolerance toward those who are mentally ill (Gureje et al. 2005); and that they still have the traditional social acts to dislike mentally ill (Ewhrudjakpor 2009). All these could be the result of people's feelings of being embarrassed by those mentally ill. Meanwhile, addition of embarrassment dimension to the dangerousness dimension of belief led to an increment of 5 percent in the explanation of people's

attitudes toward mental illness. What this minimal increase suggests is that people's belief about the embarrassment nature of mental illness is moderate. This finding collaborates with the descriptive results that indicated that a moderate number of people 30.5 percent agreed that having a mentally disordered person in the family could be embarrassing. The same results revealed that incurability dimension of belief independently contributed to people's attitudes toward mental illness. This is a confirmation to the previous findings that people have the notions that mental illness cannot be completely cured; perhaps because of the erroneous notion that it is caused by evil spirit (Fiasorgbor and Aniah 2015) or a curse (Issa et al. 2008). Addition of incurability dimension of belief showed an increment of 12 percent; which suggests how impactful it is in the formation of people's attitudes toward mental illness. In line with this finding is the descriptive result that a noteworthy number of respondents agreed that people who have once treated of psychological disorders are more likely to be further treated in the future.

Gender difference was also examined in people's attitudes toward mental illness. The researchers' finding revealed that no significant gender difference was observed in people's attitudes toward mental illness. In other words, male and female persons in the community reported similar attitudes toward mental illness. The finding tails same line with some previous studies that have demonstrated that male and female participants were not different in their attitudes toward mental illness (Akpunne and Uzonwanne 2015; Holzinger et al. 2012). However, the researchers' finding is in contrast to some previous studies that had found women to display positive attitudes toward people with mental disorders than men (Gibbons et al. 2015; Ewalds-Kvist et al. 2013; Savrun et al. 2007). The non-significant gender difference in people's attitudes toward mental illness as found in this study could be attributed to the fact that these people live and grew up in same community. Therefore, they were exposed to comparable background and orientations that could be germane to the formation of their attitudes toward events.

### CONCLUSION

The researchers' findings suggest that people of Oye-Ekiti community have a negative atti-

tude towards mental illness; suggesting that many of them still harbour some erroneous sentiments toward mentally ill. Therefore, they require adequate understanding of the causes, preventions and treatments of mental illness. The people also reported relatively stereotypical beliefs about mental disorders which were found to have strong influences on the formation of their attitudes toward mentally ill in the surrounding. The most interesting aspect of the study was the fact that the researchers were able to statistically determine extent of contribution of each of the dangerousness, embarrassment and incurability dimensions of beliefs in explaining people's attitudes toward mental illness in the community. Especially, it was found that dangerousness dimension of belief has the strongest influence, followed by incurability dimension as stronger and then, the embarrassment dimension which was reported to have moderate impacts on formation of people's attitudes toward mental illness in the community. This study therefore, helps to identify which of the examined stereotypical beliefs requires full consideration during intervention programmes in the community; in order to ensure better understanding of what mental disorders are and how to prevent and treat them. Also, it was found that male participants were not significantly different in attitudes toward mental illness. Therefore, it can be concluded that both sexes require adequate public mental health education and awareness for them to have a positive attitude towards mental illness or those who are mentally ill.

### IMPLICATIONS AND RECOMMENDATIONS

The findings have revealed the existence of negative attitudes toward mental illness and to those mentally ill in the community. Also, the findings indicate that people still have some preconceived stereotypical beliefs about the causes, prevention and treatment of psychological disorders in the community. It implies that the beliefs people hold have strong influence on their attitudes toward any form of social behaviour. It is therefore, recommended that mental health professionals within and outside Ekiti state should exert lots of efforts in educating and re-orienting people of Oye-Ekiti community and beyond about mental illnesses and correcting their preconceived notions about the disor-

ders. This will help increase social support; improve the therapeutic process, increase people's mental health seeking behaviour and reduce discrimination and stigmatization toward the mentally ill. More importantly, issue of erroneous belief about violent behaviour among mentally ill and incurability of mental illnesses should be more emphasized during community mental health intervention programmes. The finding that male and female participants were not significantly different in their attitudes toward mental illness implies that their attitudes in this respect are a public phenomenon in this community; not a gender issue. Therefore, gender based differential might not be feasible since people grow up in same community. It is recommended that public mental health interventions or programmes should be targeted towards both male and female members of the community.

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