Exploring Reliable Techniques for Researching Sensitive Topics with Young People: an Example from Research into Stigma of Mental Health within Mainstream Schools

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Background and context

- Teacher in a small school attached to a tier 4 adolescent psychiatric unit
- Part of a multidisciplinary team
- I support young people return to the mainstream education system.
- Pupils believe that on return to a mainstream school disclosure of having received psychiatric treatment will evoke stigmatising attitudes from their mainstream peers and they will not be accepted.

‘They’ll think I’m weird’
‘They’ll think I’m mental’
Research questions

• What are young people’s understandings of mental health problems in their peers?

• To what extent, if any, can these understandings lead to stigmatising attitudes?

• How can concerned professionals effectively employ the findings within the transition process?
Previous research

Reviews (Link et al 2004, Hayward and Bright 1997) showed that studies tended to employ
- quantitative approaches using techniques such as vignettes and measurement scales
- statistical credibility

Few studies had
- researched stigma in adolescence
- employed qualitative in-depth interviews
- applied a linguistic approach
The literature

Stigma of mental health may be reflected in language (Rasinski et al 2005, Goffman 1963, Campbell and Heginbotham 1991, Hinshaw 2007)
‘Labelling Theory’ (Scheff 1984, Pilgrim 2005)
‘Linguistic Category Model’ (Semin & Fiedler 1988)

In coming to an understanding of young people’s attitudes towards mental health problems I also considered the importance of language in its relation to Personal Construct Psychology (Kelly 1955, Pope and Denicolo 2001, Butt and Burr 2004) and Social Interactionism (Blumer 1969).
Engaging Year 10 pupils

Methodology
Pragmatist (Howe 1988)
Quantitative and qualitative (Brannen 1992)
↓

Methods
Questionnaire in comic book format
cartoons and captions (6 behaviours x 3 characters) (Maass et al 1989)
social distance scales (Link et al 1987)
familiarity scales (Corrigan et al 2005)
↓

Semi-structured interviews
Ethical issues
Would I be perpetuating the stigmatised stereotype by carrying out my research?

Questionnaire design:

Should:
• I draw the characters in school uniform?
• I put the school badge on the front of the questionnaire?
• I use a different questionnaire for boys and girls?

Names?
A, B or C?
Aay, Bee and Cee
Extracts from the vignettes

• …Aay who has been in your class for the last three years

• …Bee who has just returned to your class after a long absence. Before rejoining your class your teacher told you that Bee had been in a special school for young people experiencing mental health problems.

• …Before Cee rejoined your class your teacher told you that she had been in hospital for a very grave illness called leukaemia…

• …[Bee] had eventually been admitted to an adolescent psychiatric unit where she was diagnosed as experiencing a psychotic breakdown.
The Pilot

• I selected young people who belonged to the Princes’ Trust Group. I asked them to complete all the sections of the questionnaire and to supply captions to all eighteen cartoons.

• The captions did not confirm young people’s communication of the ‘Linguistic Intergroup Bias’ or that of labelling through the use of nouns.

• They appeared to go beyond language giving reasons for the behaviours.

• I selected responses to create a multi choice format

• Participants’ comments also led to several minor changes to the questionnaire.
Questionnaire cartoon and captions

1. Aay is waiting for her friends.
2. Aay is lonely as she has no friends.
3. Aay is sitting down by herself.
4. Aay is depressed
Interpreting responses

Social distance scale

<table>
<thead>
<tr>
<th>Response</th>
<th>I would sit next to Aay/Bee/Bee (psychosis) in class</th>
</tr>
</thead>
<tbody>
<tr>
<td>yyy</td>
<td>57</td>
</tr>
<tr>
<td>yyn</td>
<td></td>
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<tr>
<td>yny</td>
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<td>yndk</td>
<td>1</td>
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<td>ydkn</td>
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</tr>
</tbody>
</table>

Potential stigma

Potential negative influence of label

Potential positive influence of label

Language used

<table>
<thead>
<tr>
<th>derogatory</th>
<th>other</th>
</tr>
</thead>
<tbody>
<tr>
<td>idiot</td>
<td>sad</td>
</tr>
<tr>
<td>retard</td>
<td>upset</td>
</tr>
<tr>
<td>mad</td>
<td>lonely</td>
</tr>
<tr>
<td>freak</td>
<td>confused</td>
</tr>
<tr>
<td>strange</td>
<td>brave</td>
</tr>
<tr>
<td>mental</td>
<td>different</td>
</tr>
<tr>
<td>weird</td>
<td>isolated</td>
</tr>
<tr>
<td>psycho</td>
<td>strong</td>
</tr>
<tr>
<td>spaz</td>
<td>troubled</td>
</tr>
</tbody>
</table>

Special?
Reflecting on questionnaire results

- responses were accurate within the limitations of understanding and interpretation of the questions and meaning of language
- suggestions of differences but not of prevalent, overt public stigma
- lack of ownership; others may use derogatory language
- intentionally false, highly imaginative or out to shock responses (Denscombe and Aubrook 1992)
- provided initial representation of attitudes
- each method provided a partial understanding
- able to select a sub-sample for interviews
- introduction to the subject of mental health
- would provide interviews with a focus

Interviews would look beyond the face value and initial appearances of the questionnaire responses to uncover the underlying realities.