Attitudes Towards ABI: Gaining insight into the factors contributing to prejudice towards the ABI community

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Background

Any minority group is susceptible to prejudice (the endorsement of negative stereotypes and generation of negative emotional attitudes) simply because they are different. The Acquired Brain Injury (ABI) community is no exception to this form of social judgement; poor understanding of the effects of ABI has already been shown to facilitate prejudice in this population. The purpose of this study was to examine four variables that may be contributing to the formation of negative attitudes towards those with ABI.

Hypotheses

Hypothesis I: Those who are responsible for their injury will be judged more negatively.
Hypothesis II: Those who demonstrate socially disruptive behaviour (frontal lobe injury) will be judged more negatively.
Hypothesis III: An increase in arousal will decrease negative attitudes.
Hypothesis IV: Persons with a MHI will benefit more from an increase in arousal as their negative attitudes will demonstrate a greater decrease than their no-MHI cohorts. These decreased attitudes may reflect no-MHI attitudes at baseline.

Results

Hypothesis I: Participants rated characters depicting responsibility for their injury more negatively than those who were helpless victims.*
F (1,30) = 137.15, p < .001

Hypothesis II: Participants rated characters depicting socially disruptive behaviour (frontal lobe injury) more negatively than those with nondisruptive behaviour (posterior injury).*
F (1,30) = 35.60, p < .001

Hypothesis III: Participants who experienced an increase in arousal (via music) rated characters less negatively than those who did not experience an increase in arousal (pink noise).*
F (1,30) = 5.59, p < .05

Hypothesis IV: Although results are not significant, persons with a MHI show the expected pattern of negative attitudes decreasing more between the control and arousal conditions when compared to their no-MHI cohorts.

Methods

Participants

Brock University Students (N=34)
• 35% (n=12) reported sustaining at least one ABI (6-Male, 6-Female)
• 65% (n=22) reported never sustaining a ABI (5-Male, 17-Female)

Methods and Procedure

Participants were asked to rate their arousal level in the form of a 9-point Likert scale. After physiological equipment measuring EDA was introduced, arousal was manipulated via the induction of negatively charged music (or pink noise for control). Vignettes depicting characters’ responsibility and presentation of behaviour were followed by a measure of social judgement (19-item questionnaire of social attitudes). Lastly, a demographics questionaire asked various questions regarding individual differences including whether or not the individual had a previous experience of an alteration in consciousness after sustaining an injury to the head (MHI).

Discussion

As expected, a person responsible for causing the injuries associated with their ABI are judged more negatively and with greater prejudice. The effect of responsibility on attitude for persons with ABI are the same as that found with other ‘outgroup’; those who are actively responsible for their injury are often perceived as bad people who are receiving their just karmas.

Importantly, social context and style of interaction associated with the type of injury sustained also negatively impact the perception of people who have an ABI, despite the fact that this is beyond the person’s control and is a result of the neural injury. Individuals who demonstrate socially abrupt behaviour as the result of a frontal lobe injury are at a greater risk of prejudice than those who have other cognitive or physical disabilities. This effect of presentation of behaviour on attitude supports the idea that the general population may be unaware of the broad spectrum of ABI sequelae. As a result, they may be wrongly labelling socially disruptive behaviour as a defect in personality, not as a result of ABI.

Interestingly, the physiological status of the individual impacts social attitudes and interpretation such that an increase in arousal may increase the negative attitudes themselves through increased attention and alertness. This is compatible with the Yerkes-Dodson law that predicts, when under aroused, cognitive performance suffers. Improved attention to the social context and message of the vignettes, in turn, may allow for more appropriate judgements. The implied increased benefit in arousal, particularly for those with lower baseline arousal (i.e., MHI, ABI), indicates that arousal may be mediating the use of somatic markers (i.e., visceral cues) in decision making and choices.

Conclusion

In summary, prejudice and negative attitudes is greater if the agent is responsible for the cause of their injury and/or exhibits socially disruptive behaviour. Moreover, the judge is more likely to endorse prejudice and negative attitudes if they are less aroused. This may place persons with MHI, or ABI in general, at a particular disadvantage in that they may be more judgemental of persons with injuries similar to their own than others.

These findings also indicate a possible means by which to influence prejudice in a broader social context. Perhaps manipulating arousal can be applied to real world settings such that increasing arousal may reduce social barriers that minorities typically face. Moreover, having an understanding of the sources of prejudice that apply to ‘invisible’ (i.e., not physical) injuries will assist in targeting and ameliorating difficulties in social reintegration particularly for those who have sustained an ABI.

References