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RESEARCH ARTICLE

CONFIRMATION BIAS & PSYCHOEDUCATION WITH RELATION TO MENTAL ILLNESS

Shambhavi Prathap and Jyoti Das

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Abstract

The article aims to review the present understanding of cognitive biases and how they play a role in the understanding of mental illnesses. The paper explores the effect of conformation bias in a collectivistic society and how psychoeducation can play a role in forwarding research backed and data-driven mental healthcare.

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Introduction:-

The concept of confirmation bias, which refers to the tendency to search for, interpret, favor, and recall information that confirms or supports one's prior beliefs or values, has been extensively studied as a cognitive phenomenon (Klayman, 1995 & Nickerson, 1998). This is undeniably problematic, which is evident in an early finding by Klayman and Ha (1987) explaining that, "under high levels of uncertainty, positive tests are more informative than negative tests (i.e., falsifications)". However, it has not been adequately examined within the familial space, where a child is experiencing a mental illness. Furthermore, the impact of a parent's mental illness on their child, is a theme that has been explored by studies in the past (Plass-Christl et al., 2017). There have also been studies that have attempted to understand parenting styles towards non-neurotypical children (Fliek et al., 2019). Recently, familial aggregation of cognitive biases for children with anxiety disorders has been studied as well (de Lijster, J.M. et al., 2020).

Confirmation bias has been labelled as a "dysfunctional tendency" that influences the process of decision-making associated with incorrect initial beliefs that consequently degrade judgements (Klein, 2019). Therefore, it is not premature to assume that this phenomenon exists within the Indian landscape, where mental disorders are often stigmatized. Missing or lack of adequate information most likely fuels uncertainty and stirs up the concoction of myths and stigma (Ganesh, 2011 & Kishore et al., 2011). Hence, suspicions around the existence of confirmation bias within the context of awareness, knowledge and acceptance of mental illnesses are not baseless. Moreover, an increased but insincere sensitivity to mental health concerns have also brought with it the vulnerability of misinformation. There could be a tendency for family members or primary caretakers to compartmentalise their loved ones into certain presumptuous frameworks, which is possibly due to confirmation bias associated with their diagnosis, behaviour, or even the lingering stigma. Consequently, the quality of social support needed for treatment, healing and growth can be undermined.

A qualitative study conducted by Yates (2017), explored the lived experiences of parents whose children experienced mental illnesses. The findings of the study shed light upon the realities of many families, and the prolonged impact that it has on both the parents and their children. Although this study did underscore both the positive and negative experiences of parents pertaining to their relationships with their children, interactions with mental health providers, and sources of support, it did not particularly address the role of misinformation in undermining effective social support. The author discussed parents' observations of the 'stereotypical' signs and symptoms of a particular mental illness in their children, and how they felt "validated when their child received a

diagnosis". This is not typical of many households within the Indian context (Ganesh, 2011 & Kishore et al., 2011), and that is where the problem lies. Confirmation bias gets enmeshed within this problem since it taints judgement; especially in ambiguous and changing situations (Klien, 2019). Therefore, a viable solution to debiasing is indeed warranted. In fact, according to Lilienfeld et al. (2009), "research on combating extreme confirmation bias should be among psychological science's most pressing priorities". However, the authors also admitted that, "psychologists have made far more progress in cataloguing cognitive biases... than in finding ways to correct or prevent them".

Psychoeducation as an evidence-based practice has been emerging, and is showing a lot of promise in imparting information to families and primary caretakers of a loved one experiencing a mental illness. The effectiveness of family psychoeducation as an early intervention has also been examined, while acknowledging the feasibility and costs associated with it. Additionally, it can reduce the possibility of relapse, improve symptomatic recovery and enhance psychosocial and family outcomes as well (Murray-Swank et al, 2004). "The Big Three" within psychoeducation has been interestingly highlighted which includes, information about the illness, skills to cope with the illness and to manage crises, and support from peers and professionals (Luckstead et al., 2012). As a process, psychoeducation is capable of dispelling myths, destigmatizing, and replacing false information with accurate data and observations. It inherently allows a degree of flexibility, due to individual differences which is typical of mental illnesses.

The aforementioned reviews reflect western data, a community which is largely individualistic, with only some phenomena that can be considered to be globally pervasive. Regardless, a context-specific investigation is imperative in order to extract nuances that are collectively capable of shaping larger mindsets and sentiments. In a culturally diverse population that is encompassed by a nation like India, these nuances are a lot more complex and ubiquitous, thereby demanding subjective evaluations and interventions. However, the emphasis on family as a unit and the culture of cohesiveness can be used as an advantage while examining the quality of social support, while simultaneously breaking commonly held myths about certain mental health conditions.

Authors Fristad and others (2003) suggested in their review, various methods of delivering psychoeducation; workshops, multifamily psychoeducation groups, or individual-family psychoeducation. They described different formats as well; single workshops for parents; 8-session outpatient multi-family psychoeducation groups (MFPG); and 16-session individual-family psychoeducation sessions (IFP) (Fristad et al, 2003). Although these interventions were recommended as an adjunct to the ongoing pharmacotherapy, psychotherapy, and school-based interventions for children with bipolar disorder, they can be adapted to reflect other diagnoses and cohorts as well.

Thus, a thorough understanding of both subliminal and undisguised biases can provide interesting revelations about how mental illnesses are perceived, and equip the mental healthcare system with the data-driven knowledge to harness the immanent essence of a collectivistic society, in ultimately providing effective social support where needed. In an attempt to bring some of these concerns to the forefront, this article hopes to encourage researchers to further investigate the matter. With developments in psychoeducative tools that can be curated to blend into the fabric of a pluralistic society, new and interesting insights into family dynamics and how they fit into a client's rehabilitation can be unraveled. An additional benefit would be to generate enough data to support the formulation of interventive as well as preventive measures.

References:-

1. De Lijster, J.M., Utens, E.M.W.J., Dieleman, G.C., Alexander, T.M., Hillegers, M.H.J., & Legerstee, J.S. (2020). Familial aggregation of cognitive biases for children with anxiety disorders. *Cogn Ther Res* 44, 171–181 <https://doi.org/10.1007/s10608-019-10031-0>
2. Fliiek, L., Roelofs, J., van Breukelen, G., & Muris, P. (2019). A longitudinal study on the relations among fear-enhancing parenting, cognitive biases, and anxiety symptoms in non-clinical Children. *Child psychiatry and human development*, 50(4), 631–646. <https://doi.org/10.1007/s10578-019-00868-7>
3. Fristad, M.A., Gavazzi, S.M., & Mackinaw-Koons, B. (2003). Family psychoeducation: an adjunctive intervention for children with bipolar disorder. *Biological Psychiatry* 53(11), 1000-1008. [https://doi.org/10.1016/S0006-3223\(03\)00186-0](https://doi.org/10.1016/S0006-3223(03)00186-0)
4. Ganesh, K. (2011). Knowledge and attitude of mental illness among general public of Southern India. *National Journal of Community Medicine*, 2(1), 175-178. Retrieved from, <https://pdfs.semanticscholar.org/2e2e/58db4e5b07097d0a0a302a8cdca16d6ecf99.pdf>

5. Kishore, J., Gupta, A., Jiloha, R. C., & Bantman, P. (2011). Myths, beliefs and perceptions about mental disorders and health-seeking behavior in Delhi, India. *Indian journal of psychiatry*, 53(4), 324–329. <https://doi.org/10.4103/0019-5545.91906>
6. Klayman, J. (1995). Varieties of confirmation bias. *Psychology of Learning and Motivation*, 32, 385-418. [https://doi.org/10.1016/S0079-7421\(08\)60315-1](https://doi.org/10.1016/S0079-7421(08)60315-1)
7. Klein, G. (2019, May 05). The curious case of confirmation bias. *Psychology Today*. <https://www.psychologytoday.com/us/blog/seeing-what-others-dont/201905/the-curious-case-confirmation-bias>
8. Lilienfeld, S. O., Ammirati, R., & Landfield, K. (2009). Giving debiasing away: can psychological research on correcting cognitive errors promote human welfare? *Perspectives on Psychological Science*, 4(4), 390–398. <https://doi.org/10.1111/j.1745-6924.2009.01144.x>
9. Lucksted, A., mcfarlane, W., Downing, D., & Dixon, L. (2011). Recent developments in family psychoeducation as an evidence-based practice. *Journal of Marital and Family Therapy*, 38(1), 101-121. <https://doi.org/10.1111/j.1752-0606.2011.00256.x>
10. Murray-Swank, A.B. & Dixon, L. (2004). Family psychoeducation as an evidence-based practice. *CNS Spectrums*, 9(12), 905-912. Retrieved from,
11. Nickerson, R. S. (1998). Confirmation bias: A ubiquitous phenomenon in many guises. *Review of General Psychology*, 2(2), 175–220. <https://doi.org/10.1037/1089-2680.2.2.175>
12. Plass-Christl, A., Haller, A. C., Otto, C., Barkmann, C., Wiegand-Grefe, S., Hölling, H., Schulte-Markwort, M., Ravens-Sieberer, U., & Klasen, F. (2017). Parents with mental health problems and their children in a German population based sample: Results of the BELLA study. *Plos one*, 12(7), e0180410. <https://doi.org/10.1371/journal.pone.0180410>
13. Yates, L. (2017). Parents of adolescent children with mental illness: a qualitative exploration of the lived experience. *Theses and Dissertations*. 2385. <https://commons.und.edu/theses/2385>.