BRAIN INJURY AND DISCRIMINATION: 
THE EFFECTS OF VISIBILITY AND PERCEPTIONS OF 
DANGEROUSNESS AND RESPONSIBILITY

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Doctorate of Clinical Psychology 
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Figure 2. Danger model showing a direct relationship between perceptions of dangerousness and willingness to assist, and fear mediating this relationship

Article One

Figure 1. Two way interaction between Participant (male and female) and Adolescent (male and female). Standard error bars are also shown.

Figure 2. Two way interaction between Photo (scar and no scar) and Participant (male and female). Standard error bars are also shown.

Article Two

Figure 1a. Fear mediating the relationship between perceptions of dangerousness and willingness to socialise

Figure 1b. Moderated mediation - fear mediating the relationship between perceptions of dangerousness and willingness to socialise and Photo (scar/no scar) moderating the mediated relationship

Figure 2a. Pity and anger mediating the relationship between responsibility and willingness to socialise

Figure 2b. Moderated mediation – pity and anger mediating the relationship between perceptions of responsibility and willingness to socialise and Photo (scar/no scar) moderating the mediated relationship
ABSTRACT

The aim of the research outlined in the following pages was to examine the impact that the visible signs of brain injury and perceptions of dangerousness and responsibility have on participants’ willingness to socialise with adolescent survivors of brain injury. The research has two articles, and Article Two has two studies.

In Article One, participants were shown a picture of either an adolescent male or female, with or without a head scar, with a brief vignette advising that the adolescent had sustained a brain injury. Participants reported that others would be more willing to socialise with the adolescents with a scar, than the adolescents with no scar, and female participants reported that others would be more willing to socialise with the female adolescent, than the male adolescent.

Article Two used a similar paradigm to Article One. Study one of Article Two replicated Article One and added an additional factor, knowledge about how to interact, as a factor influencing willingness to socialise. Results showed that participants with more knowledge about how to interact with survivors were more willing to socialise, than participants with less knowledge. Study two examined whether describing the adolescents as dangerous or responsible for contributing to, or causing their brain injury, would influence willingness to socialise. Results showed strong support for a danger model, where perceptions of dangerousness were mediated by fear. When the adolescents’ were described as dangerous, fear increased and subsequent willingness to socialise decreased.

To a lesser extent, support was found for a responsibility model. Perceptions of being responsible (falling and sustaining a significant injury to the head after drinking too much alcohol) increased anger but anger in turn did not impact willingness to
socialise. Being described as not responsible (as a result of a brain tumour) increased pity, but again there was no relationship between pity and willingness to socialise.

This information is useful for rehabilitation professionals assisting adolescents’ re-integration back into the community post injury. Informing survivors that people’s attitudes may change once visible signs of injury heal may be relevant when managing expectations of how others may treat them. It may also be useful to discuss how others may perceive them when they have contributed to causing their current condition or are perceived as dangerous. Finally, knowledge about how to interact may be useful for policy makers when designing campaigns to reduce discrimination.
Candidate’s Declaration

I, Lynette Foster, candidate for the degree of Doctor of Clinical Psychology at Massey University Wellington, do hereby certify that:

1. The papers and thesis contained herein comprise entirely my original work towards the degree,

2. This work has not been submitted to any other university or institution for a higher degree,

3. The thesis including papers is less than 65,000 words in length, excluding tables, references and appendices,

4. Ethics approval for the research was obtained from:
   Study One - Massey University Ethics Committee: Southern B, Application 10/62.
   Study Two - Massey University Ethics Committee: Southern B, Application 11/13.

Lynette A Foster
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Contribution of author to project: The author was responsible for most aspects of this research, including the formulation of research questions and data collection in Wellington, data analysis and interpretation and write up of the papers and thesis.