

NOTICE:

The copyright law of the United States (Title 17, United States Code) governs the making of reproductions of copyrighted material. One specified condition is that the reproduction is not to be "used for any purpose other than private study, scholarship, or research." If a user makes a request for, or later uses a reproduction for purposes in excess of "fair use," that user may be liable for copyright infringement.

RESTRICTIONS:

This student work may be read, quoted from, cited, and reproduced for purposes of research. It may not be published in full except by permission by the author.

Trivialization vs. Romanticism: How
Language Can Impact Implicit and Explicit
Perceptions of Mental Illness and Stigma
Endorsement

Sydney Baybayan

Candidate for the degree

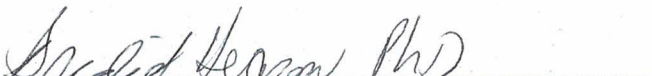
Bachelor of Arts

Submitted in partial fulfilment of the requirements for

College Honors

Departmental Distinction in Psychology


Gwendolyn Seidman, Ph.D.


Bridget Hearon, Ph.D.


Denise Greenwood, M.A.

Albright College Gingrich Library

F. Wilbur Gingrich Library
Special Collections Department
Albright College

Release of Senior Thesis

I hereby grant to the Special Collections Department of the F. Wilbur Gingrich Library at Albright College the nonexclusive right and privilege to reproduce, disseminate, or otherwise preserve the Senior Honors Thesis described below in any noncommercial manner that furthers the educational, research or public service purposes of Albright College. Copyright privileges remain with me, the author.

Title: Trivialization Versus Romanticism: How Language Affects Implicit & Explicit Perceptions of Mental Illness & Stigma Endorsement

Signature of Author: Sydney Baybayan Date: _____

Printed Name of Author: Sydney Baybayan

Street Address: 2331 South 8th Street

City, State, Zip Code: Philadelphia, PA, 19148

Albright College Gingrich Library

Trivialization Versus Romanticism: How Language Affects Implicit and Explicit Perceptions of
Mental Illness and Stigma Endorsement

Sydney Baybayan

Albright College

Honors Thesis

April 2018

Albright College Gingrich Library

Abstract

This study examined the association between language describing mental illness and explicit and implicit mental illness stigma. Previous research has shown that misrepresenting mental illness in the media can increase negative attitudes about mental illness. Related research has found that people tend to have more negative implicit attitudes toward persons with mental illness. There is also rising interest in romanticism of mental illness. Glorification can affect the occurrence of disordered eating, negative affect, and suicide. However, there is little research on how it affects stigma endorsement. In the current study, 55 students read one of three blog posts that framed depression in a romanticizing, trivializing, or neutral manner. Participants completed Go/No-Go Association Tasks (GNAT) to measure implicit attitudes toward mental illness in 3 domains: good/bad, competent/helpless, and innocent/blameworthy, and self-report measures to test explicit attitudes toward depression. Participants in the trivialization condition had the highest mean scores on the explicit measures for the competence and innocence domains, showing that they had more positive explicit attitudes. Unexpectedly, participants in all conditions implicitly associated mental illness with competence. However, only participants in the romanticism condition had higher GNAT scores for good/bad, indicating a general implicit bias against mental illness.

Trivialization Versus Romanticism: How Language Can Impact Implicit and Explicit
Perceptions of Mental Illness and Stigma Endorsement

Historically, *stigma* was a term used to describe physical markings, such as tattoos or burns on criminals' and slaves' bodies in ancient Greece and Rome, and clipped ears in Medieval Europe. These stigmas were used to mark social status and to warn the public to keep a distance from these people. The definition of *stigma* has since changed to signify physical disease in the 18th century and by the 20th century, came to be used in terms of social deviance, e.g. mental illness (Michaels, Lopez, Rusch, & Corrigan, 2012).

Presently, *stigma* is defined as negative beliefs and attitudes exhibited toward marginalized groups, often labeling these groups as “abnormal” or “deviant” (McClean, Paxton, Massey, Hay, Mond, & Rogers, 2014). Stigma usually refers to how the general public feels about any type of social deviance. People often hold stereotyped beliefs about marginalized groups (i.e. abnormal or deviant). This is referred to as *public stigma*. Public stigma may stem from negative or inaccurate portrayals of conditions in the media (Dietrich, Hieder, Marschinger, & Angermeyer, 2006).

Mass media has, for many years, been known to present negative and often very inaccurate portrayals of mental illness (Nunnally, 1957; Dietrich et al., 2006). Forms of media, such as newspaper articles, can have a strong influence on the public's perceptions of mental illness. Thornton and Wahl (1996) found that articles that negatively portrayed mentally ill individuals increased the likelihood of harsher attitudes expressed toward mentally ill individuals. In a similar investigation, usage of terms such as *violent* and *dangerous* when describing mentally ill persons increased from 32% to 54.7% when exposed to negative

depictions of mental illness, while usage of these terms decreased from 26% to 13% when exposed to more accurate and informative newspaper articles (Dietrich et al., 2006).

Inaccurate portrayals of mental illness may also present disorders more humorously rather than as dangerous. Many disorders such as schizophrenia and obsessive-compulsive disorder (OCD) are likely to be discussed more casually and humorously, especially on social media (Joseph et al. 2015). This humor can promote marginalization of sufferers of such disorders, in that their conditions may seem less legitimate (Ford and Ferguson, 2004). For example, popular television shows like *The Big Bang Theory* portray symptoms of OCD in a humorous manner. Many people have been shown to use names of mental illnesses sarcastically, in contrast to how they discuss physical ailments (Joseph et al., 2015).

Informal discussion of mental illnesses (use of non-medical language) in a social media environment, such as Twitter, raises a question of legitimacy of such conditions. Humorous portrayals and non-medical language may oversimplify the severity of mental illnesses (Pavelko & Myrick, 2015). In a sample of 2679 adults aged 16 and over in Great Britain, disorders that have more medical dangers, such as anorexia nervosa (AN) and bulimia nervosa (BN), were regarded as more serious, as opposed to depression and OCD (Crisp et al., 2000). Although the eating disorders were seen as more serious conditions, there were still negative attitudes toward BN sufferers in regard to social distance and responsibility. That is, people still held beliefs that BN sufferers were personally responsible for their conditions and preferred to maintain a distance from these individuals (McLean et al., 2014). This suggests even people with medically dangerous mental disorders are perceived as blameworthy for their conditions.

While much past research has found that stigma is a result of negative portrayals or trivialization of mental illness, stigma may also come from exposure to overly positive attitudes

toward mental illness. The idea of romanticizing or glorifying mental illness is one that has been discussed more recently in the popular media (e.g., Barton, 2015; Bine, 2013). Previous research related to this topic addressed issues such as the Werther's Effect (a phenomenon, in which the reporting of suicide sparks "copycat" suicides) and the effects of pro-eating disorder (ED) websites, such as www.myproana.com and www.prettythin.com.

It has been theorized that improper media coverage of suicide has a domino effect, in that "copycat suicides" occur in the wake of suicides in the news (Sudak & Sudak, 2005). Sudak and Sudak (2005) found that there is an increase in reported suicides resulting from romanticized or dramatized suicides in the media. Adolescents living in rural Australia, where mental illness and suicide are considered a taboo subject, were more likely to attempt or commit suicide after a peer had committed suicide (Bartik, Mapic, & McKay, 2015). They are also likely to engage in other forms of risky behavior, such as alcohol and drug abuse, after media report of suicide. Participants interviewed in Bartik et al.'s (2015) study used stigmatizing terms and even glorifying terms when describing suicide victims. They found that rural Australian adolescents often dissociated suicide from depression. That is, they did not relate the two together conceptually. This may explain the increase in suicide attempts and the decrease in likelihood to seek help for mental illness.

Sudak and Sudak (2015) also argue that a teenage demographic is most susceptible to contagion effects, such as the Werther's Effect, and thus, suicide should be reported more responsibly. An example of irresponsible reporting of or dramatizing suicide would include images of suicide or suicide attempts.

Dramatizing and glorifying mental illness have also been found in research on eating disorders. Pro-ED websites have the same contagion effect by encouraging disordered eating.

Pro-ED websites are used to share techniques to lose and maintain low bodyweight by way of both extreme dieting and exercise and encourage users to work toward a thin-ideal (Delforterie, Larsen, Bardone-Cone, & Schlote, 2014; Peebles, Wilson et al., 2012). Peebles and colleagues (2012) found that visiting pro-ED websites is a predictor of disordered eating. Users of pro-ED websites exhibited more disordered eating. They also found that heavy usage of these websites was associated with quality of life. Even when exposed to pro-ED websites for just 25 minutes, visitors were significantly more likely to report disordered eating behaviors, depression, and poorer quality of life. Further, only a few of these individuals sought help and were treated.

The majority of this research has relied heavily on explicit measures. That is, measures in which participants must report how they feel about something—mental illness, in this case. While the results of the aforementioned studies show a link between misrepresentation of mental illness and stigma, it has long been theorized and demonstrated that there are unconscious attitudes that cannot be reached by self-report measures. These theories include self-perception theory, correspondent inference theory, impression management theory, and attribution theory (Greenwald, Rudman, Nosek, Banaji, Farnham, & Mellott, 2002). What these theories suggest is that people may be biased in responding to self-reported questionnaires (Stier & Hinshaw, 2007). They may be inclined to respond more socially desirably (i.e. appear more favorable to others). Greenwald and Banaji (1995) state that this is because people may be influenced to behave in certain ways based on their own past experiences. Such earlier experiences are not necessarily remembered in the traditional sense of conscious recall or self-report, thus influencing implicit attitudes.

To work around this social desirability issue, implicit measures have been designed in order to assess people's underlying attitudes. These implicit biases are how a person

unconsciously feels or thinks about a concept. Often, people are not aware of such biases and therefore, cannot accurately report them. The most popular measure used to assess implicit biases has been the Implicit Association Test (IAT), in which concepts are paired with stimuli and participants' reaction times are measured (Greenwald & Banaji, 1995). The IAT shows that negative attitudes toward marginalized groups persist, even if they are not explicitly endorsed (Nosek, Banaji, & Greenwald, 2002). Implicit biases were even found to be stronger than explicit biases.

In relation to different primes, implicit and explicit attitudes are shaped differently. Rydell, McConnell, Mackie, and Strain (2005) found that while explicit attitudes are influenced by information that is verbally presented and consciously accessible, implicit attitudes change in response to subliminal primes. This suggests that implicit attitudes are related to associative information, a cognitive process that is below our conscious awareness.

Recently, researchers have begun to examine implicit attitudes toward mental illness. Teachman et al. (2006) found that the implicit tests have shown people's negative attitudes and beliefs about individuals who suffer from mental illness. Specifically, people make negative assumptions about one's helplessness and blameworthiness if the individual has a disorder. These negative attitudes have remained pervasive even with efforts to educate the public about mental illness in an effort to reduce stigma. Interestingly, both neurotypical and diagnosed individuals demonstrated stigmatizing attitudes toward mental illness. Teachman and colleagues found that their participants evaluated mental illness more harshly than they did physical illness. Peris, Teachman, and Nosek (2008) also examined both implicit and explicit biases toward mental illness in people with varying levels of training in mental health and found that although explicit biases predict more negative patient prognoses, implicit biases predict over-diagnosis.

Similarly, Kopera et al. (2014) examined medical students,' psychiatrists,' and therapists' implicit and explicit attitudes toward mentally ill individuals. Both mental health professionals and non-professionals exhibited negative implicit attitudes toward these individuals.

For the general public, stereotypes about mental illness are still prevalent. O'Driscoll, Heary, Hennessy, and McKeague (2012) examined problems in peer relationships of young people with mental illnesses. They compared peer relationships for children and adolescents with attention deficit hyperactive disorder (ADHD) compared to those with depression and found that explicit measures showed that peers with ADHD were viewed more negatively than peers with depression, overall. There was an exception to this when evaluating dangerousness and fear. In contrast, implicit measures showed that participants had more negative attitudes about peers suffering from depression. This is an important study in showing that peers may still face stigma if they are behaviorally social deviants, as opposed to being explicitly labeled as such. It is also important in that it shows that implicitly, depression is viewed much more negatively than another disorder that is associated with more biological causes.

Reasons for the difference in stigmatizing attitudes toward mental illness can be explained by symptoms of ADHD and depression being viewed as normative behaviors among specific demographics. It can also be explained by the nature of the disorders themselves and whether they have biological causes. Lincoln, Arens, Berger, and Rief (2007) found that biogenetic (BG) explanations of schizophrenia decreased perceived blameworthiness and perceived incompetence for medical students' implicit biases. That is, when medical students were given biological explanations, they were less likely to blame the individual for his or her condition and were less likely to perceive the patient as incompetent. On the other hand, psychology students gave more negative prognoses when given BG explanations.

The findings of both O’Driscoll et al.’s (2012) and Lincoln et al.’s (2007) studies suggest that blameworthiness is placed on individuals based on whether their disorders have BG explanations or not. This sets apart mental illnesses from physical ailments. Both studies demonstrate that, at least implicitly, disorders that do not always have a biogenetic link, garner negative attitudes. Blameworthiness is an important aspect of stigma in that it implies the ability to curb certain symptoms, which adds to the trivialization of mental illnesses and the severity of these illnesses.

Past research has examined many aspects of mental illness stigma. To date, much of this literature has focused on the trivialization and demonizing of individuals with mental illness. In recent years, however, there has been a rise in the interest in romanticism of mental illness in the popular media (e.g., Barton, 2015; Bine, 2013). It has been shown that the glorification of mental illness can increase the occurrence of disordered eating, negative affect, and suicide, but not much has been investigated in regards to how it can impact stigma endorsement.

The current study aims to understand the association between language type (trivializing versus romanticizing) and mental illness stigma. Specifically, this study examines whether different types of portrayals of mental illness affect stigmatizing attitudes on three dimensions (Good/Bad, Innocent/Blameworthy, and Competent/Helpless), and if this is evident on both implicit and explicit levels. The studies outlined have found trivializing language to be a contributor to stigma endorsement (Bartik et al., 2015; Dietrich et al., 2006; Ford and Ferguson, 2004), so the current study aims to replicate these results for romanticizing language.

Additionally, the present study examines how exposure to trivializing or romanticizing language regarding depression affects implicit and explicit attitudes toward mental illness and individuals with mental illness. Previous research suggests that language type will predict

participants' implicit attitudes about mental illness. Studies have shown that exposure to trivializing language increases mental illness stigma endorsement but have not examined how different ways of framing mental illness may impact stigma endorsement. Because these studies did not compare trivialization to romanticism, implicit biases had to be tested using a comparison group (i.e. mental illness versus physical illness), whereas the current investigation will use a Go/No-Go Association Task. Studies examining implicit mental illness stigma, including Teachman et al.'s (2006) study, have not examined the effects of either trivializing or romanticizing primes.

Participants will be primed with one of the three types of language (trivializing, romanticism, and clinical) and their stigmatizing attitudes will be measured using IATs.

Considering the previous studies, I have formulated the following hypotheses.

Hypothesis 1: Participants in the trivializing condition will show more negative overall attitudes about mental illness (Good/Bad) compared to participants in the romanticism and control conditions, while participants in the romanticism condition will show more positive overall attitudes about mental illness compared to participants in the trivializing or control conditions. This is because trivializing language has been shown to be associated with attitudes, such as fear and preference for social distance (Dietrich et al., 2006).

Hypothesis 2: Participants in the trivializing condition will show more negative attitudes about perceived blameworthiness (Innocent/Blameworthy) compared to participants in the romanticism and control conditions, while participants in the romanticism condition will show more positive attitudes about blameworthiness compared to participants in the

trivialization and control conditions. Teenagers who glorify suicide do not blame suicide on mental illness or any negative traits (Bartik et al., 2015).

Hypothesis 3: Participants in the trivializing condition and the romanticism condition will show more negative attitudes about perceived competence (Competent/Helpless) compared to participants in the control condition. Even with recent effort to reduce stigma, negative messages about mental illness and competence persists (Teachman et al., 2006). These trends should be evident whether participants explicitly rate individuals with mental illness accordingly.

Method

Participants

Participants were undergraduate students at Albright College, mainly enrolled in psychology courses. A majority of the participants were students in introductory psychology, who are required to complete an hour's worth of laboratory studies. Participants included 54 students ranging in age from 17-25 ($M = 19.26$, $SD = 1.46$). 81% of the participants were female. 21.82% of the participants were diagnosed with depression, 72.73% knew someone diagnosed with depression, and 14.55% neither have been nor know anyone diagnosed with depression. Students enrolled in other psychology courses received extra credit for participation. A description of the study, stating that participants would read about depression and sort words based on different categories and evaluative attributes, was posted on Sona Systems, through which students can sign up for the study. The description also states that participants will fill out a short questionnaire about their attitudes about mental illness.

Materials

In order to manipulate language exposure, participants were given a blog post to read and rate (see Appendix A). They were given one of three posts to represent the three different conditions (trivialization, romanticism, and control). The trivialization post discusses mental illness in a casual manner and deemphasizes the severity of depression. In this blog post, the author states that they believe depression is caused by a negative attitude, stating that “people make too much of a big deal out of depression” and that “happiness is a choice.” The romanticism post uses overly positive language to describe depression. The author of this post states that people with depression have a lot of life experience and interesting life stories. The author goes on to say that they “envy” depressed people. The control post discussed depression clinically. This post discusses causes, symptoms and treatments. Each blog post was about 85 words long.

Implicit Measures. All participants completed three Go/No-Go Tasks (a type of implicit test similar to an Implicit Associate Test) modeled after Teachman et al.’s (2006) IATs. This allows for measuring implicit attitudes without a need for a comparison group (Nosek, 2001). This method is beneficial because the manipulation of this study is in the framing of only mental illness. Past research has compared mental illness to physical illness to test implicit attitudes about mental illness and shows that people have more negative attitudes toward mental illness. Participants in the current study, however, do not get information on a comparison group (i.e. physical illness). This may pose a problem in giving away the purpose of the experiment. A GNAT removes such need and allows for testing of the effect that language has on mental illness.

Words and categories for the implicit measures were taken from Teachman et al.’s measures. However, rather than using an IAT, a GNAT was designed to measure participants’

implicit attitudes toward mental illness. The GNAT assesses the degree to which one associates a concept with an attribute by measuring reaction times during a series of word categorization tasks. There were three GNATs; there was one task for each set of contrasting categories (Good/Bad, Innocent/Blameworthy, and Helpless/Competent).

There were four words for each of the eight categories. The words used for *mental illness* were *depression*, *schizophrenia*, *bipolar disorder*, and *obsessive-compulsive disorder*. Words used for *physical illness* were *diabetes*, *appendicitis*, *cerebral palsy*, and *multiple sclerosis*. These words were used in all three GNATs. For the Good/Bad GNAT, the words *excellent*, *joyful*, *wonderful*, *great*, *horrible*, *nasty*, *terrible*, and *awful* were used. For the Innocent/Blameworthy GNAT, the words *faultless*, *virtuous*, *innocent*, *guiltless*, *culpable*, *at fault*, *guilty*, and *blameworthy* were used. For the Competent/Helpless GNAT, the words *capable*, *qualified*, *competent*, *able*, *incompetent*, *helpless*, *incapable*, and *unable* were used. In addition to the words for each of these categories, distractor words were added to the task. These distractor words include *boredom*, *annoyance*, *feelings*, *humor*, *intelligence*, *ignorance*, *fun*, *blood*, *rash*, *pimple*, *haircut*, *scar*, *birthmark*, *chapped lips*, and *overbite*. These words were chosen, as they represent mental/emotional and physical concepts that are not necessarily illnesses.

Participants performed these discrimination tasks (word categorization), in which words appeared in the middle of screen, one at a time. They were to indicate whether the word belonged to the categories shown in the top left- and right-hand corners of the screen. To do this, participants had to press the spacebar as quickly as possible. Distractor words were ignored by not pressing the spacebar. Participants' reaction times are measured to assess how strongly the words are associated with the categories. To make this task more difficult, they were also shown

“distractor” words (words that did not belong in any of the given categories), which they had to ignore by not pressing any keys. Each word was timed, so the participants had to make their decisions to either press the spacebar or ignore the word within the timeframe in which the word was shown.

Explicit Measures. Participants were given a 7-point rating scale, in which they were to rate people with depression on a series of characteristic traits. These were all traits seen in the GNATs, excluding the distractor words. At the top of this rating scale was the statement “I believe that people with depression are:”. Participants rated each of the 24 traits on a scale from 1-7 (1 being *strongly disagree* and 7 being *strongly agree*) based on how much they believed that the traits described people with depression.

Procedures

After entering the lab, participants were asked to read and sign an informed consent form, which was stored separately, so as not to associate their identities with their responses. They were then told that they would be evaluating portrayals of mental illness in the popular media to explain having to read and rate a blog post. They were then randomly assigned to read one of these three blog posts. They were given two 7-point rating scales to rate the blog post and its author. These two rating scales were used because participants were told that this study was examining perceptions of mental illness and how it is portrayed in the popular media. This was done as a way to conceal the true purpose of the study.

When they finished this portion of the study, participants were seated at a computer in a distraction-free environment. For this portion of the study, participants completed three GNATs. They first completed the Good/Bad GNAT, then the Innocent/Blameworthy GNAT, and finally

Competent/Helpless GNAT. After completing all three tasks, participants were led out of the computer room and seated in the lab. They then completed the explicit measures of stigma.

Afterwards, participants provided their demographic information. They were then given a debriefing statement.

Results

Explicit Measures

In order to test the hypotheses that framing mental illness in either trivializing or romanticizing ways would increase both explicit and implicit stigmatizing attitudes toward mentally ill persons, three 1-way ANOVA tests were run for the total scores that we calculated for each of the three domains (see Figure 1 for mean explicit ratings of depression for all three conditions and categories). Prior to analysis, I reverse-coded items for the explicit measure that represented negative characteristic traits and then computed total scores for each of the three domains (general good/bad, competent/helpless, and innocent/blameworthy). For the Good/Bad category, there was no effect of condition, $F(2,53) = .650, p = .562$. For the Competent/Helpless category, there was an effect of language type, $F(2,53) = 4.290, p = .019$. A Tukey's HSD post hoc test showed that participants in the trivialization condition saw people with depression as more competent than did participants in the control condition. There was also a marginally significant effect of condition for the Innocent/Blameworthy category, $F(2,53) = 3.047, p = .056$. A Tukey's HSD test indicated that participants in the trivialization condition saw people with depression as more innocent than did participants in the control condition.

Automatic attitude toward mental illness and physical illness

To test for implicit biases against mental illness, the discrimination index or d-prime (d') for trials associating mental illness with positive and negative adjectives were computed and

compared across all three experimental conditions. The discrimination index shows participants' ability to differentiate between a target words (e.g. "schizophrenia") and distractor words (e.g. "boredom"). Participants should be able to discriminate between these two types of words easily when a target is associated with a given category (Nosek & Banaji, 2001). For example, if mental illnesses were associated more with negative adjectives, it ought to be much easier for participants to discriminate mental illness and bad from a distractor word, than it is for them to discriminate mental illness and good from a distractor word. To calculate the d-prime, or sensitivity, all data for each pairing (*mental illness* and *good*, *mental illness* and *bad*, *physical illness* and *good*, and *physical illness* and *bad*) was combined. See Figure 2 for mean d-prime values by word category and experimental condition. I ran three 2-way mixed ANOVAs to test whether condition had an effect on participants' implicit stigmatizing attitudes. If a main effect of valence were present, this would indicate that the participants showed an implicit bias if it was easier for them to discriminate positive words when paired with mental illness than negative words paired with mental illness.

Good/Bad. There was no main effect of category for the Good/Bad pairings (*mental* and *good* versus *mental* and *bad*), $F(1,51) = .052, p = .821$. We also found that there was no main effect of condition (trivialization, romanticism, or control), $F(2,51) = 1.937, p = .155$. There was, however, a significant interaction between valence and language type, $F(2,51) = 4.118, p = .022$. A paired-samples t-test for each condition was conducted to compare means of good and bad d-prime values. We found that there was a trend-level difference between Mental/Good scores ($M = 1.833, SD = 1.272$) and Mental/Bad scores ($M = 2.478, SD = 1.421$) for participants in the romanticism condition, $t(17) = -1.952, p = .068$. This suggests that, to some extent, participants in the romanticism condition held more negative attitudes about depressed people. There was no

significant difference between Mental/Good and Mental/Bad scores for the trivialization condition, $t(18) = 1.658, p = .115$, or the control condition, $t(16) = 1.073, p = .299$.

Competent/Helpless. There was a marginally significant main effect of category for the Competent/Helpless domain, $F(1,51) = 2.841, p = .098$, suggesting that, unexpectedly, participants in all three conditions implicitly associated mental illness with competence, rather than helplessness. There was no main effect of condition, $F(2,51) = 0.039, p = .962$, nor was there an interaction between the two independent variables, $F(2,51) = 0.048, p = .953$.

Innocent/Blameworthy. There was no main effect of category for the Innocent/Blameworthy domain, $F(1,51) = 0.016, p = .901$. There was no main effect of condition, $F(2,51) = 0.581, p = .563$. There was also no interaction between the two independent variables, $F(2,51) = 0.472, p = .626$. These results suggest that across all conditions, participants do not implicitly associate depressed people with blameworthiness.

Individual differences in attitudes toward mental illness

Participants were asked whether they had been diagnosed with depression, knew someone diagnosed with depression, neither, or preferred not to say. This variable was tested for its effect on stigmatizing attitudes and was examined on an exploratory basis. Three one-way ANOVAs for explicit measures and three two-way mixed ANOVAs were conducted for implicit measures, in a similar manner to the analyses described above, with familiarity with depression as an independent variable, rather than condition. Familiarity with depression diagnoses did not have an effect on explicit ratings for Good/Bad, $F(2, 52) = .634, p = .535$; Competent/Helpless, $F(2,52) = .444, p = .644$; or Innocent/Blameworthy, $F(2, 52) = .665, p = .519$. Similarly, familiarity with depression diagnoses also did not have an effect on implicit ratings for

Good/Bad, $F(4, 50) = .350, p = .843$; Competent/Helpless, $F(4, 50) = 1.138, p = .349$; and Innocent/Blameworthy, $F(4, 50) = .792, p = .536$.

Discussion

The aim of the current study was to examine whether different ways of framing mental illness affects stigma endorsement. The purpose of this study was to examine specifically how framing mental illness in either trivializing or romanticizing ways affect these attitudes on three domains (Good/Bad, Competent/Helpless/ and Innocent/Blameworthy) at both the explicit and implicit level.

As expected, participants showed more positive explicit attitudes toward persons diagnosed with depression. It is likely that participants responded in this way to appear more socially desirable (Stier & Hinshaw, 2007). According to Stier and Hinshaw (2007), questionnaires, and especially those that measure people's attitudes toward mental illness are likely to garner biased responses.

Contrary to my hypothesis that participants in both experimental conditions would exhibit negative implicit attitudes toward persons with mental illness with regard to their competence, the results show that participants across all three conditions actually associated mental illness with competence, rather than helplessness. Though Teachman et al. (2006) found that negative messages about mental illness and competence are still prominent, we found that that seems to not affect the participants' perceptions about the competence of depressed people. This can be explained by the symptoms of depression, as suggested by O'Driscoll et al. (2012).

O'Driscoll et al. (2012) found that different groups of people exhibited different levels of stigmatizing attitudes toward mental illness sufferers. They suggest that this may be due to the fact that symptoms of certain disorders, particularly ADHD and depression, may be viewed as

normative behaviors, depending on the demographics of those tested. It was evident that many of our participants had either been diagnosed with depression and/or had known someone diagnosed with depression. Because of the participants' familiarity with the disorder examined, it is possible that they saw the symptoms of depression as "normal". Though we did not see an effect of personal experience with depression on stigmatizing attitudes, it is important to note that the percentage of participants who did not have personal experience with depression was very small (12 participants).

It has also been found that participants in the romanticism condition had higher scores on the Good/Bad GNAT. This suggests that these participants had a general implicit bias against mental illness. Bartik et al. (2012) found that many rural Australian adolescents romanticized the act of suicide. Those who did so also dissociated suicide from depression. That is, the adolescents did not realize that those who have committed suicide may have more than likely been suffering from clinical depression. Because suicide is glamorized and viewed as unrelated to the long-tabooed topic of depression, depression—and possibly other mental illnesses—remain stigmatized.

There could be a variety of reasons for the inconsistent current findings. To start, the sample for this study is quite small. Though there were over fifty participants, this is likely not a big enough sample to generalize the results due to low power.

Though, for the current study, depression diagnoses of participants did not affect the results, if replicated, this could have some impact on participants' biases. Many of the participants of the current study had either been diagnosed or knew someone diagnosed with depression. In theory, this could skew the data, as participants could hold certain beliefs regarding depression due to such familiarity with the disorder. This can also relate to the areas of

study of the participants. All participants of the current study were enrolled in psychology courses. Though not all participants were psychology majors, it is possible that some level of education in the field could have impacted their attitudes toward mental illness. For future studies, researchers may consider a sample that is less familiar with mental illness, as such individuals may be more likely to hold negative attitudes toward mental illness. College students in different areas of study would be a small but possibly significant change in methodology. This way, it would be better to generalize the results because of the diversity of the sample.

Though there are some flaws in the sampling for this study, there are also strengths of the methodology. The implicit measure showed to be helpful in testing stigmatizing attitudes toward mental illness, consistent with past research that utilized an IAT (Teachman et al., 2006). For future studies, a GNAT, rather than an IAT is a good measure, in that a comparison category (i.e. physical illness) is not needed to assess biases against mental illness, which is more desirable for methodology, as the framing of *only* mental illness was manipulated. This allows for the testing of different types of language and their effect on stigma endorsement.

However, there are some limitations to the current study. Using mock blog posts to frame mental illness in the three types of language also may not have been a sufficient strongly manipulation for several reasons. The blog posts were only about 85 words each, which may not have been long enough to create the intended effect. It is also possible that participants only saw these posts as an opinion that was not necessarily popular. To strengthen this manipulation, it may be beneficial to lengthen these blog posts or model them after Facebook posts that garner “likes”. Future studies on this topic may also benefit from employing methods of other studies. For example, researchers may consider utilizing websites similar to pro-ED websites as stimuli, as Peebles et al. (2012) did. It may also help to frame these different portrayals as facts, rather

than opinions. For example, Dietrich et al. (2006) used newspaper articles as stimuli, which may have had a significant effect on stigmatizing attitudes as such articles may be regarded as more reputable than a simple blog post.

Other future directions may include examining the role of different demographic variables. Much past research has found that men are more likely to exhibit stigmatizing attitudes (McLean et al., 2014). Researchers may also consider assessing people's attitudes toward other disorders, aside from depression, especially disorders that are more severe or less common. As O'Driscoll et al. (2012) found participants showed more stigmatizing attitudes toward peers diagnosed with disorders, depending on the disorder and found that this could be in relation to the age range of the participants. Disorders that were more stigmatized were not common within the age range of participants exhibiting such attitudes. Therefore, more empirical research should be conducted on this topic.

Though the results of the current study did not confirm the findings of previous studies in the way that I had predicted, such that participants in the trivialization condition did not show an increase in stigmatizing attitudes, there are important implications of these results. As expected, participants reported more positive attitudes toward people with depression on explicit measures. However, only participants in the romanticism showed an overall implicit bias against mental illness. This could mean that romanticism may need to be examined more in empirical research. This could add to the existing, but very limited work on this subject. However, it is also very important to be very careful about portraying mental illness in a romanticizing way, given that this type of framing of mental illness has led to an increase in copycat suicides and, as the current findings show, an increase in negative affect toward depression. So, not only can this study add to the existing literature, but it could also lead to better mental health education.

References

- Bartik, W., Mapic, M., & McKay, K. (2015). Suicide bereavement and stigma for young people in rural Australia: a mixed methods study. *Advances in Mental Health, 13*, 84-95.
- Barton, L. (2015). Romanticizing mental illnesses feeds mental health stigma. Retrieved from <http://www.healthyplace.com/blogs/survivingmentalhealthstigma/2015/11/romanticizing-mental-illnesses-feeds-mental-health-stigma/>
- Bine, A. (2013). Social media is redefining “depression”: Online communities like those on Tumblr are perpetuating ideas of “beautiful suffering,” confusing what it means to be clinically depressed. Retrieved from <https://www.theatlantic.com/health/archive/2013/10/social-media-is-redefining-depression/280818/>
- Dietrich, S., Heider, D., Matschinger, & H., Angermeyer, M. C. (2006). Influence of newspaper reporting on adolescents' attitudes toward people with mental illness. *Social Psychiatry and Psychiatric Epidemiology, 41*, 318-322. doi:10.1007/s00127-005-0026-y
- Delforterie, M. J., Larsen, J. K., Bardone-Cone, A. M., Scholte, R. H. J. (2014). Effects of viewing a pro-ana website: An experimental study on body satisfaction, affect, and appearance self-efficacy. *Eating Disorders: Treatment and Prevention, 22*, 321-336.
- Ford, T. E., Ferguson, M. A. (2004). Social consequences of disparagement humor: A prejudiced norm theory. *Personality Social Psychology Review, 8*, 79-94.
- Garland, A. F., & Zigler, E. F. (1994). Psychological correlates of help-seeking attitudes among children and adolescents. *American Journal of Orthopsychiatry, 64*, 586-593.
- Greenwald, A. G. & Banaji, M. R. (1995). Implicit social cognition: Attitudes, self-esteem, and stereotypes. *Psychological Review, 102*, 4-27.

- Greenwald, A. G., Rudman, L. A., Nosek, B. A., Banaji, M. R., Farnham, S. D., & Mellot, D. S. (2002). A unified theory of implicit attitudes, stereotypes, self-esteem, and self-concept. *Psychological Review, 109*, 3-25.
- Joseph, A. J., Tandon, N., Yang, L. H., Duckworth, K., Torous, J., Seidman, L., J., & Keshavan, M. S. (2015). #Schizophrenia: Use and misuse on Twitter. *Schizophrenia Research, 165*, 111-115. doi:10.1016/j.schres.2015.04.009
- Kopera, M., Suszek, H., Bonar, E., Myszk, M., Gmak, B., Ilgen, M., & Wojnar, M. (2014). Evaluating explicit and implicit stigma of mental illness in mental health professionals and medical students. *Community Mental Health Journal, 51*, 628-634.
- Leong, F. T. L., & Zachar, P. (1999). Gender and opinions about mental illness as predictors of attitudes toward seeking professional psychological help., *British Journal of Guidance & Counseling, 27*, 123-132. doi:0306-9885/99/010123-10
- Lincoln, T. M., Arens, E., Berger, C., & Rief, W. (2008). Can antistigma campaigns be improved? A test of the impact of biogenetic vs. psychosocial causal explanations on implicit and explicit attitudes to schizophrenia. *Schizophrenia Bulletin, 34*, 984-994.
- McLean, S. A., Paxton, S. J., Massey, R., Hay, P. J., Jonathan, M. M., & Rodgers, B. (2014). Stigmatizing attitudes and beliefs about bulimia nervosa: Gender, age, education and income variability in a community sample. *International Journal of Eating Disorders, 47*, 353-361. doi:10.1002/eat.22227
- Michaels, P. J., Lopez, M., Rusch, N. & Corrigan, P. W. (2012). Constructs and concepts comprising the stigma of mental illness. *Psychology, Society, & Education, 4*, 183-194.
- Nosek, B. A. & Banaji, M. R. (2001). The go/no-go association task. *Social Cognition, 19*, 625-664.
- Nosek, B. A., Banaji, M. R., & Greenwald, A. G. (2002). Harvesting implicit group attitudes and beliefs from a demonstration website. *Group Dynamics, 6*, 101-115.

- Nunnally, J. (1957). The communication of mental health information: A comparison of the opinions of experts and the public with mass media presentations. *Behavioral Science*, 2, 222-230.
- O'Driscoll, C., Heary, C., Hennessy, E., & McKeague, L. (2012). Explicit and implicit stigma towards peers with mental health problems in childhood and adolescence. *Journal of Child Psychology and Psychiatry*, 53, 1054-1062.
- Pavelko, R. L. & Myrick, J. G. (2015). That's so OCD: The effects of disease trivialization via social media on user perceptions and impression formation. *Computers in Human Behavior*, 48, 251-259. doi:10.1016/j.chb.2015.02.061
- Peebles, R., Wilson, J. L., Litt, I. F., Hardy, K. K., Lock, J., Mann, J. R., & Borzekowski, D. L. G. (2012). Disordered eating in a digital age: eating behaviors, health, and quality of life in users of websites with pro-eating disorder content. *Journal of Medical Internet Research*, 14, 1-16.
- Peris, T., Teachman, B. A., & Nosek, B. A. (2008). Implicit and explicit stigma of mental illness. Links to clinical care. *The Journal of Nervous and Mental Disease*, 196, 752-760.
- Rydell, R. J., McGonnell, A. R., Mackie, D. M., & Strain, L. M. (2006). Of two minds. Forming and changing valence-inconsistent implicit and explicit attitudes. *Psychological Science*, 17, 954-958.
- Stier, A. & Hinshaw, S. (2007). Explicit and implicit stigma against individuals with mental illness. *Australian Psychologist*, 42, 106-117.
- Sudak, H. S., & Sudak, D. M. (2005) The media and suicide. *Academic Psychiatry*, 29, *Academic Psychiatry*, 29, 495-499

Teachman, B., Wilson, J., & Komarovskaya, I. (2006). Implicit and explicit stigma of mental illness in diagnosed and healthy samples. *Journal of Social and Clinical Psychology, 25*, 75–95.

Thornton, J. A., Wahl, O. F. (1996). Impact of a newspaper article on attitudes toward mental illness. *Journal of Community Psychology, 24*, 17-25.

Vitelli, R. (2016). Dissecting Sheldon Cooper: How The Big Bang Theory plays with the stereotype of the made genius. Retrieved from <https://www.psychologytoday.com/blog/media-spotlight/201607/dissecting-sheldon-cooper>

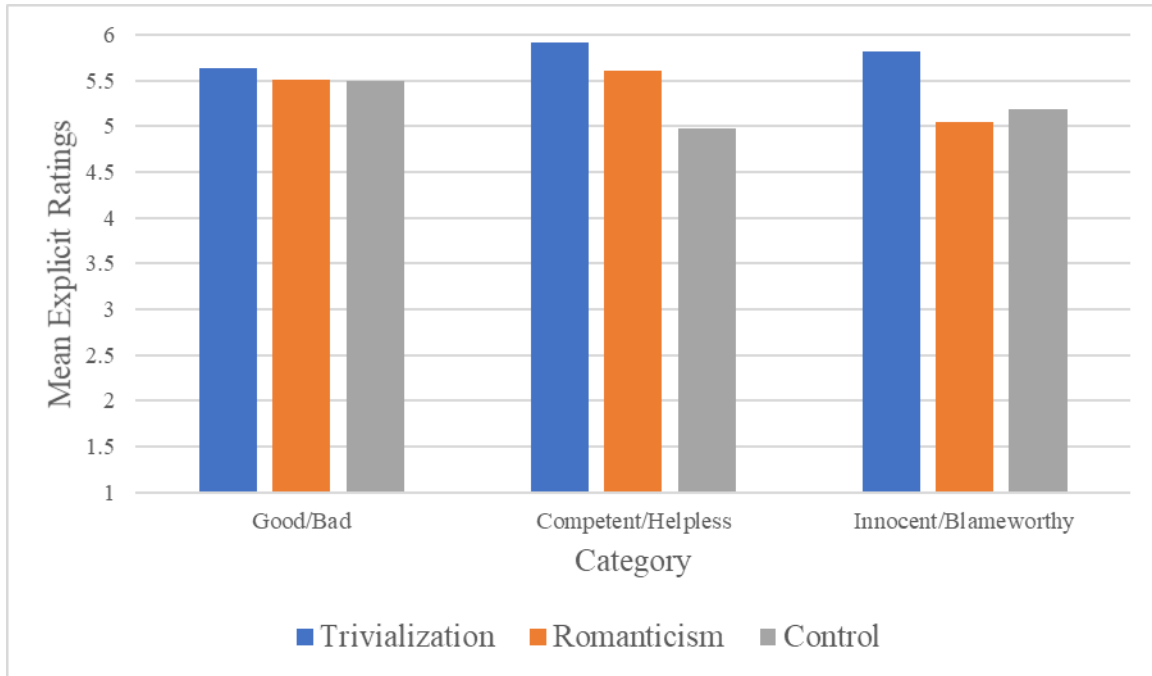


Figure 1. Means of explicit ratings of depression for all three conditions and categories, with higher scores indicating that the group saw people with depression more positively.

Albright College Gingrich Library

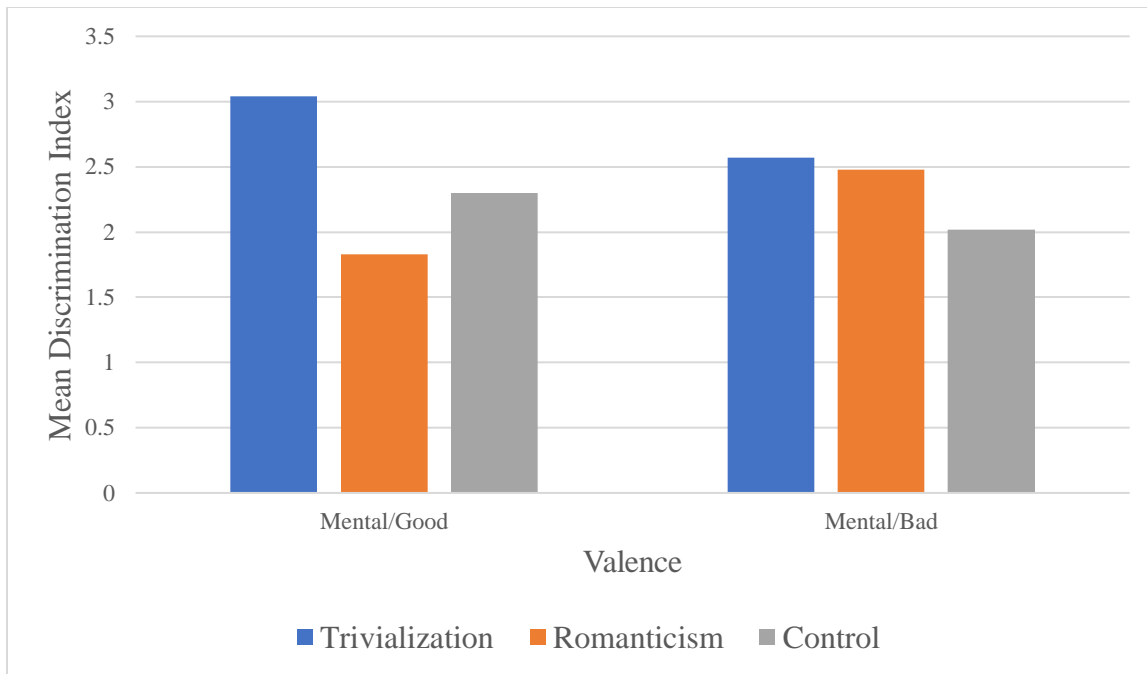


Figure 2. Mean d-prime values for explicit measures by valence and condition for the Good/Bad GNAT, with higher scores indicating an implicit bias against mental illness.

Albright College Gingrich Library

Appendix A

This study will examine people's perceptions of mental illness portrayal in the popular media. The following text that you will read is a blog post in which the writer discusses his/her opinions about depression.

Blog Post #1 (Trivialization)

In my opinion, it seems like people make too much of a big deal out of depression. Everyone gets sad sometimes. I don't think there should be this whole fuss about depressed people. You can just pick yourself up if you have the mindset. People with depression are choosing to be sad. Happiness is a choice. If you choose the right mindset, depression wouldn't be a problem. Besides, there are people who have it so much worse than just being sad. You won't be sad for long.

Blog Post #2 (Romanticism)

People who are depressed are so strong. They are angels for fighting that battle. I could never do that. I admire people with depression. Not only are they incredibly strong, but they understand so much and have so much experience. I would go so far as to say that I envy them. They have such interesting life stories, and my life is just so boring. Imagine being able to say, "I'm fighting depression." If you're going through depression, just remember, your scars are beautiful.

Blog Post #3 (Control)

There are many factors of depression. It can occur if someone has too much or too few brain chemicals, called "neurotransmitters" or a family history. But depression can also have environmental causes, such as stressful life events, and oftentimes occur with other illnesses. Some symptoms include fatigue; persistent mood of sadness or "emptiness"; changes in appetite, weight, and sleep; restlessness or irritability; difficulty concentrating; loss of interest in activities once enjoyed; and thoughts of suicide or death. Depression can be treated with either therapy or medication, or a combination of the two.

Appendix B**Your Beliefs**

Instructions: Please rate each characteristic trait on a scale of 1-7, based on the statement below.

I believe that people with depression are:

<i>Trait</i>	<i>Strongly disagree</i>		<i>Neutral</i>			<i>Strongly agree</i>	
	1	2	3	4	5	6	7
Able	1	2	3	4	5	6	7
At fault	1	2	3	4	5	6	7
Awful	1	2	3	4	5	6	7
Blameworthy	1	2	3	4	5	6	7
Capable	1	2	3	4	5	6	7
Culpable	1	2	3	4	5	6	7
Competent	1	2	3	4	5	6	7
Faultless	1	2	3	4	5	6	7
Guiltless	1	2	3	4	5	6	7
Guilty	1	2	3	4	5	6	7
Helpless	1	2	3	4	5	6	7
Horrible	1	2	3	4	5	6	7
Incompetent	1	2	3	4	5	6	7
Incapable	1	2	3	4	5	6	7
Innocent	1	2	3	4	5	6	7
Nasty	1	2	3	4	5	6	7
Qualified	1	2	3	4	5	6	7
Terrible	1	2	3	4	5	6	7
Unable	1	2	3	4	5	6	7
Virtuous	1	2	3	4	5	6	7