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Exploring the Stigma Associated with Depression

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EXPLORING THE STIGMA ASSOCIATED WITH DEPRESSION

by

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ABSTRACT

This study explored whether depression is stigmatized, and whether these perceptions of depression vary by gender, a person's own experience with depression, or knowing other people with depression. These questions were examined through the use of an online survey, which included questions measuring demographics, personal history of depression, tolerance of depression, and stigma toward depression. Responses from 106 participants were analyzed using t-tests. The study found that depression is stigmatizing. There is also more stigma for a male with depression than a female with depression. In regards to personal history with depression and stigma, it was found that personally dealing with depression lessened the amount of stigma imposed on depressed persons. There was no significant difference between men's ratings of stigma and women's rating. The study also found no significant difference between knowing people with depression or coming into contact with depressed individuals and the likelihood of stigmatizing those with depression.

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INTRODUCTION

Within all societies mental illness can be found. The illnesses vary from society to

society; the symptoms and duration of episodes also vary depending upon the society (Berelson

& Steiner, 1964). In the United States there is an annual mental health disorder incidence rate of

one in four adults. One in seventeen adults suffers from a serious mental illness (Boyd, Katz,

Link, and Phelan, 2010). One of the most common psychiatric disorders is depression; it affects

18.8 million adults in the U.S. each year (Conner et al., 2010).

In most societies there is a stigma attached to mental illnesses that is not attached to

physical illnesses (Berelson & Steiner, 1964). Stigma can be defined as a disgraceful

characteristic that reduces a person from a whole and functional human to a shamed and

discredited one (Goffman, 1963). This study will examine if depression is in fact stigmatizing

and what factors are associated with the perceptions of stigmatization. This study will add

important insight into the stigma associated with depression as well as who is stigmatized the

most. Learning who is stigmatized and for what reasons can have huge implications for reversing

stigma; being able to better educate the public may be a way to stop the stigmatization of

depressed individuals.

Stigmatization of Mental Illness

Stigma starts by the noticing of differences in others and labeling those differences. The

majority will then create associations between the label and negative stereotypes. Stigma towards

mentally ill individuals manifests as negative stereotyping, biases, prejudices, and discrimination

(Boyd et al., 2014; Kendra, Mohr, & Pollard, 2014). Once the differences are labeled and

stereotypes are attached, the majority will separate themselves from the labeled group to create in-groups and out-groups. The in-group (the majority) will then discriminate against the out-group (the labeled) (Phelan & Basow, 2007). For the out-group, this discrimination can result in the loss of status, rejection, exclusion (Phelan & Basow, 2007), and discrimination in housing, employment, insurance coverage (Boyd et al., 2010), and social relationships (Stuber, Rocha, Christian, & Link, 2014).

During the 1960s it had been firmly established that people feared those with mental illnesses (Rabkin, 1974). The individuals who were labeled mentally ill were given a wide berth and disapproved by the masses; they were rejected from society and thought of in a negative manner (Rabkin, 1974). American society views those with mental illnesses as deeply troubled people who have no chance at recovery (Rabkin, 1974). Adding a label of mental illness can be detrimental to an individual's social standing; their status most likely will not be regained (Pattyn, Verhaeghe, Sercu, & Bracke, 2013).

Today, people are better informed about mental illness but there is still room for improvement. The public is being educated about mental illness through a medical model; being told that a mental illness is the equivalent of any physical illness and vice versa. Unfortunately, the mentally ill are treated very differently (more negatively) than the physically ill (Pattyn et al., 2013). The medical model is being used to explain mental illness because to dissuade blame and personal responsibility for the mentally ill. The use of the medical model is also to create more optimism for the therapeutic ideology (Pattyn et al., 2013).

Being mentally ill has social implications in that everyday life becomes more stressful and they are more likely to live in poverty, overpopulated housing, be unemployed, and be

isolated from social life (Rabkin, 1974). Regrettably, mentally ill individuals are still rejected in American society today. Even though the public is better educated on the subject of mental illness, it is possible that the majority of the population still stigmatizes those mental illnesses (Pattyn et al., 2013).

Depression and Tolerance of Mental Illness

Depression is one of the most prevalent mental illnesses and may, therefore, be less stigmatized than other mental health illnesses. Depression can be defined as being apathetic towards daily activities for over two weeks while also having one's social, occupational, and/or educational functions negatively affected. For someone to be diagnosed with Major Depressive Disorder he/she must have five of these nine symptoms everyday: a depressed mood or irritability, decreased interest or pleasure, significant weight change (of 5%) or a change in appetite, sleeping changes, activity change, loss of energy or fatigue, feeling worthless or guilty, decrease in concentration, and/or having suicidal thoughts (American Psychiatric Association, 2013).

There are few studies on whether depression is stigmatizing for adults. Some studies (Heim, Smallwood, & Davies, 2005; Kendra et al., 2014; Phelan & Basow, 2007; Wernicke et al., 2006) do suggest that characteristics of those who suffer from depression or mental illness shape the perceptions of others. The gender of those who suffer from mental illness has shown to alter perceptions of their deviance and therefore, influence social tolerance levels. Women with a history of psychological problems are thought to be tolerated more because these problems affect social roles that are valued less and women have a lower social status when compared to men. Mental illness puts an added stigma on a group that is already devalued. Another reason mentally

ill women might be tolerated more is because it is more acceptable in American society for women to have problems (Schnittker, 2000).

Another theory is that the tolerance of those with mental illness may be contingent upon how much they deviate from gender norms. It is theorized that behaviors that follow feminine gender role expectations (being passive, overly emotional) may be tolerated more in women, while masculine behaviors (aggression, hostility) will be more tolerated in men. Both women and men are judged more harshly when their symptoms do not conform to their gender norms. Depression may be more tolerated in women because of depression's association with emotionality (Heim et al., 2005; Schnittker, 2000). Women with psychological problems are also perceived as less dangerous to others than men but are seen as more dangerous to themselves than men. It may be because of this that the public is more willing to interact with psychologically troubled women (Schnittker, 2000). Even though women with mental illness may be more tolerated, having depression may elicit a response of rejection for both genders from others (Wernicke, Pearlman, Thorndike, and Haaga, 2006).

Having a history of contact with the mentally ill may change how they are viewed. Coming in contact with the mentally ill has been seen to lower levels of stigma, as well as having a more positive emotional response and less stereotyping (Boyd et al., 2010). Higher amounts of contact with depression have been found to be associated with more perceived stigma but less self stigma and less social distance (Griffiths, Christensen, & Jorm, 2008). It has been found that those who are familiar with mentally ill individuals blame the mentally ill less for their disease. Familiarity has also been associated with less anger and less social distancing (Boyd et al., 2010).

The attitudes of the public are more positive when they have been exposed to mental illness; they are more accepting, welcoming, respectful, and less critical. Because of this exposure, the public is more aware of how serious a mental illness can be (Boyd et al., 2010). Having more knowledge about depression is related to lower self stigma among the depressed, lower social distance, and less stigmatizing attitudes, but does not affect perceived stigma (Griffiths et al., 2008).

Another way being familiar with mental illness helps to decrease stigma is through discussion of mental illness hospitalizations. Discussing hospitalizations to friends and family, along with being hospitalized for a mental illness themselves, increases acceptance and egalitarian attitudes towards the mentally ill (Boyd et al., 2010).

The amount of stigma, both self and perceived, a person receives plays a large role in their help seeking behaviors. Exposure to both self stigma and perceived stigma reduces the chances that someone with depression will seek professional help. Although it is still a concern that others will react negatively to seeking professional help, it is still a person's own attitude that is most likely to influence their seeking help from a mental health practitioner (Barney et al., 2006).

There's not a lot of research on the stigmatization of depressed adults. Several factors may shape perceptions of depressed individuals, notably gender, familiarity with depression, either through experiencing it or knowing others who have experienced it. This study aims to help fill this gap.

CURRENT RESEARCH STUDY

There is a gap in the literature on whether adults with depression are stigmatized and what factors may play a role in that stigmatization. This study aims to discover if there is a relationship between depression and stigma. This will be accomplished by using scenario surveys. My research questions are:

Q$_1$: *Are people stigmatized for having depression?*

Q$_2$: *Do perceptions of depression vary based on a person's own history with depression?*

Q$_3$: *Does gender affect the amount of stigma a person is likely to impose upon a depressed person?*

Q$_4$: *Are people more or less likely to stigmatize a person based on his/her past relationships with depressed individuals?*

Significance and Importance of Study

Public stigma is when the general public holds prejudices and/or discriminates against those who are perceived as different. This discrimination and judgment can lead those with depression to withdraw from society (Kendra et al., 2014) and internalize the stigma. Internalized stigma is the psychological impact from society's stigmatization (Boyd et al., 2014). The internalization of stigma can erode individuals' morale and impede recovery. This is associated with reduced self-esteem, reduced empowerment, increased depression, shame, and an increased perception of devaluation and discrimination (Boyd et al., 2014; Kendra et al., 2014). This can negatively affect treatment for depression and impede the therapeutic process (Kendra et al., 2014).

The results of this study will help to illuminate if depression is stigmatizing and who is least/most likely to stigmatize others with depression. This knowledge may help break the stigma attached to depression. Educating the public on this study's findings could reduce the stigma for those with mental illnesses.

METHOD

Participants

      There were 106 participants that completed the survey for this study. The data for the study were collected via the Internet (See Appendix D: IRB approval). The survey was also sent to select professors at the University of Central Florida asking if he/she will ask their class to take this survey. The survey was posted on social media websites to maximize the amount of people taking the survey.

Measures

Demographic Questionnaire

      Participants answered eleven questions that assessed their age, race, ethnicity, gender, political affiliation, religion, education, occupation, employment status, parental status, and relationship status. (See Appendix A)

History of Depression Questionnaire

      Participants answered fifteen questions on whether they have had a history of mental illness, if mental illness runs in the family, if they have friends with a mental illness, or have dated someone with a mental illness. If they answer yes to any of the above, participants were then asked how long it lasted and how long the relationship lasted. It will also assess if there were any hospitalizations. (See Appendix B)

Depression Tolerance Questionnaire

      This consisted of scenarios depicting different genders and depressed and non-depressed persons. The depressed individuals were diagnosed with depression. It asked eleven follow-up

questions. Examples of the questions are "how likely are you to spend time with this person," "how likely would you volunteer to work with this person," "how likely would you befriend this person," etc. These questions were answered on a five-point Likert scale that ranges from 1 (extremely unlikely) to 5 (extremely likely). (See Appendix C)

<u>Depression Stigma Questionnaire</u>

Other questions based on the scenarios might include "this person is dangerous," " you want to distance yourself from this person," "this person should seek professional help," "this person should 'suck it up'," etc. These questions will be answered on a five-point Likert scale that ranges from 1 (extremely disagree) to 5 (extremely agree). (See Appendix C)

PROCEDURE

Four scenarios were constructed that differ on two key dimensions: gender and depression. That is, one scenario depicted a depressed woman, one depicted a non-depressed woman, one depicted a depressed man, and one a non-depressed man. This allowed me to determine whether individuals are more or less likely to stigmatize individuals depicted as being depressed, and whether this differs by gender of person being depicted. Each survey contained all four scenarios.

T-tests were used to compare mean differences in stigma levels between depressed and non-depressed women, between depressed and non-depressed men, and between depressed women and depressed men. T-tests were used to determine whether respondents' demographics and history with depression shape perceptions of stigma.

RESULTS

Sample

Overall, 106 people were included in my analysis (one was excluded due to being under age 18). Their ages ranged from 18-86 with an average age of 35 and a median age of 48.5. There were 83 (78.3%) who identified as White/Caucasian, 8 (7.5%) as Black/African American, 4 (3.8%) as Asian, 6 (5.7%) as two or more races, and 5 (5.7%) as "other" (see Table 1). Out of the 106 participants the majority, 90 (84.9%), were not Hispanic while 16 (15.1%) were of Hispanic descent. When looking at gender there were 25 (23.6%) males, 77 (72.6%) females, and 4 (3.8%) neutral/non-conforming participants.

Table 1: Race, Ethnicity, and Gender of Respondents

Variable	Values	Frequency (N)	Percent (%)
Race	White/Caucasian	83	78.3
	Black/African American	8	7.5
	Asian	4	3.8
	Two or more Races	6	5.7
	Other	5	4.7
Ethnicity	Hispanic	16	15.1
	Non-Hispanic	90	84.9
Gender	Male	25	23.6
	Female	77	72.6
	Neutral/Non-Conforming	4	3.8

As seen in Table 2, respondents were overall fairly liberal in their political ideologies. There were 11 (10.4%) who identified as extremely liberal, 37 (34.9%) as liberal, 44 (41.4%) as moderate, 12 (11.3%) as conservative, and 2 (1.9%) as extremely conservative participants.

When reporting religion, 23 (21.7%) identified as Christian, 39 (36.8%) as Jewish, 1 (0.9) as

Muslim, 32 (30.2%) as Non-religious/Agnostic/Atheist, and 11 (10.4%) as Other.

Table 2: Political Ideation and Religious Affiliation of Respondents

Variable	Values	Frequency (N)	Percent (%)
Political Ideology	Extremely Liberal	11	10.4
	Liberal	37	34.9
	Moderate	44	41.5
	Conservative	12	11.3
	Extremely Conservative	2	1.9
Religion	Christian	23	21.7
	Jewish	39	36.8
	Muslim	1	0.9
	Non-Religious/ Agnostic/Atheist	32	30.2
	Other	11	10.4

When asked about their education, 3 (2.8%) reported that they had completed High

School or the equivalent, 48 (45.3%) had completed some college but received no degree, 22

(20.8%) received their Associate's degree, 20 (18.9%) received their Bachelor's degree, 6 (5.7%)

received their Master's degree, and 7 (6.6%) received their Ph.D. (see Table 3). The participants'

occupations included Arts/Entertainment/Sports/Media (10.4%), Health-Care (10.4%),

Legal/Civil Servant (2.8%), Office and Administration (6.6%), Education (12.3%),

Farming/Fishing/Food Preparation/Serving (1.9%), Building and Grounds

Cleaning/Maintenance/Repair (1.9%), Business/Financial (6.6%),

Architecture/Engineering/Construction (2.8%), Management/Sales (7.5%),

Computers/Mathematics (0.9%), and "Other" (35.8%). In their occupation 24 (22.6%) work 40+

hours a week and 43 (40.6%) work 1-39 hours a week. There were 11 (10.4%) who were not

employed but looking for work, 17 (16.0%) who were not employment and not looking for work,

10 (9.4%) who were retired, and 1 (0.9%) who was disabled and not able to work.

Table 3: Educational, Occupational, and Employment Status of Respondents

Variable	Values	Frequency (N)	Percent (%)
Education	High School or Equivalent	3	2.8
	Some College, No Degree	48	45.3
	Associate's Degree	22	20.8
	Bachelor's Degree	20	18.9
	Master's Degree	6	5.7
	Ph.D.	7	6.6
Occupation	Arts, Entertainment, Sports, and Media	11	10.4
	Health-care	11	10.4
	Legal/Civil Servant	3	2.8
	Office and Administration	7	6.6
	Education	13	12.3
	Farming, Fishing, Food Preparation, and Serving	2	1.9

Table 3: Educational, Occupational, and Employment Status of Respondents (Continued)

Variable	Values	Frequency (N)	Percent (%)
	Building and Grounds Cleaning/ Maintenance/ Repair	2	1.9
	Business and Financial	7	6.6
	Architecture/ Engineering/ Construction	3	2.8
	Management/ Sales	8	7.5
	Computers and Mathematics	1	0.9
	Other	38	35.8
Employment Status	Employed, working 40+ hours per week	24	22.6
	Employed, working 1-39 hours per week	43	40.6
	Not employed, looking for work	11	10.4
	Not employed, Not looking for work	17	16.0
	Retired	10	9.4
	Disabled, not able to work	1	0.9

There were 35 (33.0%) participants who were single and never married, 32 (30.2%) who were in a relationship and not married, 29 (27.4%) who were married, 1 (0.9%) who was separated, 6 (5.7%) who were divorced, and 3 (2.8%) who were widowed (see Table 4). When asked to report about parenting, 67 (63.2%) reported having no children, 4 (3.8%) reported having children but not being the primary caretaker, 18 (17.0%) reported having children and being the primary care taker, and 17 (16.0%) reported having grown self-sufficient children.

Table 4: Relationship and Parental Status of Respondents

Variable	Values	Frequency (N)	Percent (%)
Relationship Status	Single, never married	35	33.0
	In a relationship, not married	32	30.2
	Married	29	27.4
	Separated	1	0.9
	Divorced	6	5.7
	Widowed	3	2.8
Parental Status	No children	67	63.2
	Has children, not primary caretaker	4	3.8
	Has children, primary caretaker	18	17.0
	Has grown self-sufficient children	17	16.0

Findings

Experiences with Depression

When participants were asked if they have ever suffered from depression the majority, 59 (55.7%), responded no, while 47 (44.3%) said yes. Those who had depression reported that it usually lasted 1-5 years (34.0%), with the next highest duration being over 10 years (21.3%). As seen in Table 5, most people who have had depression were not hospitalized for it (89.4%). Unfortunately, the majority of people reported that they still suffered from depression (53.2%).

Table 5: Personal History of Depression

Variable	Values	Frequency (N)	Percent (%)	Valid Percent (%)
Depression [a]	Yes	47	44.3	-
	No	59	55.7	-
Duration [b]	Under 1 month	2	1.9	4.3
	1-3 months	4	3.8	8.5
	4-6 months	6	5.7	12.8
	7-9 months	2	1.9	4.3
	Under 1 year	4	3.8	8.5
	1-5 years	16	15.1	34.0
	10+ years	10	9.4	21.3
	From birth/as long as can be remembered	3	2.8	6.4
Hospitalization [c]	Yes	5	4.7	10.6
	No	42	39.6	89.4
Current/ Recovered [d]	Current	25	23.6	53.2
	Recovered	22	20.8	48.8

[a] Do you have a history of depression?
[b] How long did/has the depression last(ed)?
[c] Were you ever hospitalized for depression?
[d] Are you currently still dealing with depression or recovered?

Participants were then asked about their family's history of depression. The majority, 64 (60.4%), stated that depression did not run in the family. For those that stated it did run in the family, 25 (23.6%) reported their mother had suffered, 18 (17.0%) their father, and 23 (21.7%) their sibling. All of these statistics can be found in Table 6.

Table 6: Family's History of Depression

Variable	Values	Frequency (N)	Percent (%)
Family [a]	Yes	42	39.6
	No	64	60.4
Circle Member [b]	Mother	25	23.6
	Father	18	17.0
	Sibling	23	21.7

[a] Does depression run in the family? (i.e. Mother, Father, or Siblings)
[b] Circle all that apply (those who have depression)

  Participants reported their romantic relationships with depressed persons next. The majority, 73 (68.9%), stated that they had not had a partner with depression. For those who had a partner with depression, the majority, 8 (24.2%), reported that their partner had been depressed from 1-5 years or over 10 years. The majority, 27 (81.8), said their partner had not been hospitalized for their depression. As seen in Table 7, about half (48.5%) of participants' partners are stilling struggling with depression. Most respondents (72.7%) were still in contact with their partner who had depression. That being said, 15 (62.5%) stated that the depression had negatively affected their relationship. For those who had broken up with their depressed partner, most (55.6%) stated that the depression had played a role in the break up.

Table 7: Partner's History of Depression and Effect on Relationship

Variable	Values	Frequency (N)	Percent (%)	Valid Percent (%)
Depression [a]	Yes	33	31.1	-
	No	73	68.9	-
Duration [b]	Under 1 month	1	0.9	3.0
	1-3 months	4	3.8	12.1
	4-6 months	1	0.9	3.0
	7-9 months	3	2.8	9.1
	Under 1 year	3	2.8	9.1
	1-5 years	8	7.5	24.2
	10+ years	8	7.5	24.2
	From birth/as long as can be remembered	5	4.7	15.2
Hospitalization [c]	Yes	6	5.7	18.2
	No	27	25.5	81.8
Current/Recovered [d]	Current	16	15.1	48.5
	Recovered	8	7.5	24.2
	Unknown	9	8.5	27.3
Contact [e]	Yes	24	22.6	72.7
	No	9	8.5	27.3
Negative Relationship [f]	Yes	15	14.2	62.5
	No	9	8.5	37.5
Partnership Ended [g]	Yes	5	4.7	55.6
	No	4	3.8	44.4

[a] Have you ever had a partner with depression? ^If more than one think of your most recent relationship
[b] How long did/has the depression last(ed)?
[c] To your knowledge were they ever hospitalized for depression?
[d] Are they currently still dealing with depression or recovered?
[e] Are you still in contact with them?
[f] Has the depression negatively affected your relationship?
[g] Did the depression play a role in terminating the relationship?

Lastly respondents reported their experience with depressed friends and coworkers. As shown in Table 8, 85 (80.2%) participants, a majority, had friends with depression at some point in their lives. Most had not had depressed coworkers, 67 (63.2%).

Table 8: Other Encounters with Depressed Persons

Variable	Values	Frequency (N)	Percent (%)
Friends [a]	Yes	85	80.2
	No	21	19.8
Coworkers [b]	Yes	39	36.8
	No	67	63.2

[a] Have you ever had friends with depression?
[b] To your knowledge have you ever worked with someone who had depression?

<u>Tolerance of Depression</u>

Respondents were given scenarios to read and then asked questions on how likely they would be to interact with a person based on the scenarios. According to Table 9, participants were more likely to spend time in any capacity with a non-depressed person that with a depressed one. Respondents were also more willing to interact with a depressed female than a depressed male with the exception of being neighbors, they would have rather been neighbors with a depressed male than a female, but only marginally (3.88 versus 3.80). Participants also reported being more willing to interact with non-depressed females than non-depressed males with the exception of working with them or having children with them. They would rather have children with and work with a non-depressed male. Non-depressed males and females were rated equally on participants' willingness to house sit for them.

Table 9: Likelihood of Interaction with Depressed Persons vs. Non-Depressed Persons (Scaled Variables)

Variable	Gary Depressed Mean (Standard Deviation)	Eliza Depressed Mean (Standard Deviation)	Lillian Non-Depressed Mean (Standard Deviation)	John Non-Depressed Mean (Standard Deviation)
Work With [a]	3.87 (1.02)	4.02 (0.98)	4.29 (0.76)	4.36 (0.77)
Team [b]	3.67 (1.05)	3.87 (0.97)	4.29 (0.77)	4.26 (0.82)
Spend Time [c]	3.50 (1.04)	3.71 (0.95)	4.05 (0.89)	4.03 (0.89)
Neighbors [d]	3.88 (0.92)	3.80 (0.91)	4.12 (0.89)	4.04 (0.90)
Befriend [e]	3.71 (1.00)	3.77 (0.96)	4.08 (0.94)	3.94 (0.97)
Roommate [f]	3.05 (1.26)	3.16 (1.29)	3.67 (1.16)	3.52 (1.21)
House Sit [g]	3.09 (1.26)	3.18 (1.21)	3.76 (1.13)	3.76 (1.09)
Care Children [h]	2.74 (1.35)	2.93 (1.33)	3.75 (1.14)	3.60 (1.14)
Self Relationship [i]	2.93 (1.19)	3.04 (1.14)	3.74 (1.04)	3.71 (1.07)
Have Children [j]	2.68 (1.22)	2.96 (1.17)	3.61 (1.13)	3.65 (1.06)
Children Marry [k]	3.05 (1.23)	3.14 (1.15)	3.80 (1.09)	3.72 (1.02)

^Chronbach's Alpha: Gary = 0.92; Eliza = 0.94; Lillian = 0.94; John = 0.94

Note. Measured on a scale from 1-5 (1 = very unlikely; 2 = unlikely; 3 = neutral; 4 = likely; 5 = very likely)

[a] How likely would you be to work with this person?
[b] How likely would you be to team up with this person for a work project?
[c] How likely would you spend time with this person outside of work?
[d] How likely would you become neighbors with this person?
[e] How likely would you befriend this person?
[f] How likely would you be roommates with this person?
[g] How likely would you ask this person to house sit while you were away on vacation?
[h] How likely would you ask this person to take care of your children for an afternoon?
[i] How likely would you start a romantic relationship with this person? (Regardless of gender, just personality)
[j] How likely would you want to have children with this person? (Regardless of gender, just personality)
[k] How likely would you allow your child to marry this person? (Regardless of gender, just personality)

As shown in Table 10, having a personal history with depression significantly affects the amount of stigma a person would impose upon another with depression. It was found that having depression makes a person more tolerant toward those with depression (depressed male: $t = 3.18$, $p < 0.01$ and depressed female: $t = 2.06$, $p<0.05$). This means that a person who has experienced depression is less likely to stigmatize a person for having depression. It also showed no significance towards a person without depression. This means that depression has no effect on whether an individual is tolerant of those who do not have depression.

Table 10: The Effect of Having Depression on Stigmatizing Others with Depression

	Yes Mean (SD)	No Mean (SD)	t	Degrees Freedom	Significance
Gary (D)	39.30 (8.91)	33.66 (9.22)	3.18	104	0.002**
Lillian (ND)	44.00 (8.73)	42.70 (8.73)	0.77	104	0.446
Eliza (D)	39.72 (9.94)	35.88 (9.23)	2.06	104	0.042*
John (ND)	43.06 (9.21)	42.22 (8.33)	0.49	104	0.622

*$p<0.05$, **$p<0.01$
Note. D=Depressed, ND=Non-Depressed

Table 11 shows that there was no statistically significant difference between men and women in terms of stigmatizing those with depression. According to this study, this means that neither gender stigmatizes depression more than the other, although t-values for Gary and Eliza are approaching significance. Even though the data did not result in statistical significance, there were still notable differences between the means. There was a 4.10 mean difference between men and women stigma levels of a depressed male showing women to be more tolerant. For stigma levels of a depressed woman the mean difference was 4.04 with women being more tolerant.

After further analysis, it was found that women were less likely to stigmatize a man for depression in every category. Women were also less likely to stigmatize a woman for having depression in every category except a romantic relationship. Women stigmatized women with depression more than men when it came to being in a romantic relationship. Therefore men were more tolerant of being in a relationship with a depressed woman.

Table 11: Gender's Effect on Stigmatizing Others with Depression

	Male Mean (SD)	Female Mean (SD)	t	Degrees Freedom	Significance
Gary (D)	32.68 (10.17)	36.78 (9.02)	-1.91	100	0.059
Lillian (ND)	42.40 (9.35)	43.55 (8.57)	-0.57	100	0.571
Eliza (D)	34.28 (10.05)	38.32 (9.41)	-1.84	100	0.069
John (ND)	41.92 (8.68)	42.74 (8.79)	-0.41	100	0.685

Note. Excluded gender nonconforming/gender neutral individuals because there were not enough participants to statistically analyze

Note. D=Depressed, ND=Non-Depressed

Table 12 shows participants' contact with other depressed persons like family members, partners, friends, and coworkers. There was no significant difference between having known people with depression or not and the amount of stigma participants were likely to inflict upon depressed persons. There was one exception where having family members who suffered from depression made participants more tolerant of a male with depression (family members with depression and depressed male: $t = 2.36$, $p<0.05$). This means that having a family member who has suffered from depression plays a role in the amount of stigma a person is likely to impose upon a depressed person. Other familiarity with depressed persons did not significantly affect perceptions however.

Table 12: Contact with Other Depressed Persons' Effect on Stigmatizing the Depressed

	Yes Mean (SD)	No Mean (SD)	t	Degrees Freedom	Significance
Gary (D)					
Family	38.79 (9.12)	34.44 (9.36)	2.36	104	0.020*
Partner	38.42 (9.29)	35.14 (9.43)	1.67	104	0.098
Friends	36.66 (9.50)	34.14 (9.30)	1.09	104	0.277
Coworkers	37.38 (9.09)	35.45 (9.68)	1.02	104	0.312
Lillian (ND)					
Family	44.50 (8.61)	42.47 (8.73)	1.18	104	0.242
Partner	44.09 (7.95)	42.90 (9.05)	0.65	104	0.518
Friends	43.92 (8.43)	40.67 (9.49)	1.54	104	0.126
Coworkers	44.49 (8.33)	42.57 (8.90)	1.10	104	0.275
Eliza (D)					
Family	38.57 (10.80)	36.94 (8.94)	0.85	104	0.399
Partner	39.09 (8.70)	36.90 (10.10)	1.08	104	0.285
Friends	38.34 (9.82)	34.52 (8.77)	1.63	104	0.107
Coworkers	39.87 (8.92)	36.25 (9.95)	1.87	104	0.064
John (ND)					
Family	42.90 (9.41)	42.39 (8.27)	0.30	104	0.768
Partner	43.36 (8.46)	42.25 (8.84)	0.61	104	0.543
Friends	43.00 (8.96)	41.00 (7.52)	0.94	104	0.351
Coworkers	42.60 (8.37)	42.60 (8.95)	-0.00	104	0.997

*$p<0.05$
Note. D=Depressed, ND=Non-Depressed

DISCUSSION

This study examined both internalized and public stigma. The research questions, *Are people stigmatized for having depression?*, *Does gender affect the amount of stigma a person is likely to impose upon a depressed person?*, and *Are people more or less likely to stigmatize a person based on his/her past relationships with depressed individuals?*, examined public stigma. Public stigma is the general populace's prejudices and any discrimination against those who are perceived as different (Kendra et al., 2014). The research question, *Do perceptions of depression vary based on a person's own history with depression*, examined both internalized and public stigma. Internalized stigma is the psychological impact from society's stigmatization (Boyd et al., 2014). This question looked at how the internalized stigma could then turn into public stigma.

To analyze these questions scenarios were constructed of depressed men and women and non-depressed men and women. For the depressed scenarios it was explicitly stated that individuals were diagnosed with depression. This was stated so that depression would be viewed through the medical model. The medical model usually lowers stigma levels. Had the scenarios been phrased without the diagnosis of depression respondents might have stigmatized the depressed scenario people more harshly. This is because most people are uneducated on mental illness and fear what they do not know. The medicalization of mental illness hopes to remove blame and personal responsibility from the mentally ill (Pattyn et al., 2013).

When examining if depression is stigmatizing this study found that it is. Participants were much more likely to want to interact with the person in the scenarios who was not depressed, be it either male or female. There was more social distancing and stigma towards the persons with

depression. When it came to interacting with either a depressed male or a depressed female, respondents were more likely to interact with the depressed female, although it should be noted that the majority of the sample was female. This is consistent with Schnittker's (2000) and Heim et al's (2005) findings that women with psychological problems are tolerated more. This shows that there is a higher amount of stigma and social distancing for males than there is for females.

Having a personal history with depression was found to have an impact on the amount of stigma imposed upon depressed individuals. Personally dealing with depression greatly lessened the amount of stigmatizing behavior towards those with depression. There was more tolerance and less social distancing towards the depressed. It was found that a person who has experienced depression was less likely to stigmatize a person for suffering from depression. This is congruent with Boyd et al.'s (2010) and Griffiths, Christensen, and Jorm's (2008) findings that state the more familiar a person is with a mental illness the less stigma is imposed. There is no way to be more familiar with a condition than to experience it for yourself. Boyd et al. (2010) also explained that the more a person knows about a mental illness the more accepting, welcoming, respectful, and less critical they become. Griffiths, Christensen, and Jorm (2008) surmised that the more knowledge one has about depression the lower the social distance and higher the tolerance. Both of Boyd et al.'s (2010) and Griffiths, Christensen, and Jorm's (2008) concepts were supported by this study.

There was no significant difference between the way men and women stigmatize those with depression. My study found that neither gender stigmatizes more than the other. It is important to note that the depressed scenarios were approaching significance. If there was a larger sample size gender might have been significant when stigmatizing the depressed. There

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were however, distinctive differences in the means when looking at gender and stigma. The means showed that women were more tolerant of those with depression. After conducting further analysis, it was found that for every category women were more accepting and tolerant of a man with depression. When looking at the depressed woman scenario, women were also more accepting and tolerant over men with the exception of being a romantic relationship. Men were more tolerant and accepting of being a romantic relationship with a depressed woman.

The study examined if knowing and coming into contact with family members, former or current partners, friends, or coworkers with depression changed the amount of stigma a person imposes on the depressed. There was no significant difference if coming into contact with others who have suffered from depression made an impact on stigma. There was one instance where knowing a family member with depression lessened the amount of stigma imposed on the depressed. This could mean that knowing family members with depression may affect the amount of stigma imposed on depressed males. However, being familiar with other depressed persons was not found to significantly change perceptions. Unlike my results, Griffiths, Christensen, and Jorm (2008) found that the more contact a person has with depression, less social distancing and less self stigma will occur. Boyd et al. (2010) also stated that coming into more contact with the depressed resulted in lower stigma, positive emotional responses, and less stereotyping.

Limitations

Possible limitations to this study were the sample size, sample variability, time constraints, and instruments used. The sample size for this study was very small, having only 106 participants. If the sample size was larger the results might have shown more significance instead

of merely approaching significance. Another problem with the sample might have been that it was not diverse enough. The majority of the participants were middle aged, Non-Hispanic, White females. This is not a true sample of the American demographic. Time constraints were also a limitation of this study. By the time IRB approval was secured, the survey could only be active for one month. Another limitation could have been the survey that was used. Surveys by nature rely on self-reporting. Because of this, participants may not have answered truthfully or they may have guessed for answers they were unsure of. This would have skewed the data and changed significance levels. The other problem with a survey is that participants may have thought it was too long and gotten survey fatigue. This could have caused respondents to not fully read the questions and scenarios and/or answer too quickly with the wrong answers. This also would have skewed data and changed significance levels.

CONCLUSION

This study found that depression is stigmatizing for both men and women. Those with depression were given more social distance, less tolerance, and received more stigma. It also showed that women with depression are tolerated more, with less social distance, and less stigma. More participants were willing to participate in activities with the depressed woman over the depressed man. Personally experiencing depression had a role in stigma. It was found that experiencing depression lessened the amount of stigma that person would impose on depressed persons. There was found to be no significance between the way men and women stigmatize the depressed. Neither gender stigmatizes more than the other. There was also no significance found in coming into contact with depressed persons and the role it played in stigma. For the majority, coming into contact with depressed persons, be it family, partners, friends, or coworkers, did not change the amount of stigma imposed upon the depressed. The one instance that did show significance was lowered stigma for a depressed male when respondents knew depressed family members. This study furthers the research on who stigmatizes the depressed and what plays a role in that stigma.

Due to my time constraints I was unable to fully examine all of the areas I would have liked to. For instance, if political ideology, religion, education, occupation, employment status, relationship status, or parental status had any correlations to depression stigma. Future research should be done in these areas to further the knowledge what influences the stigma on depression. It is also important to note that along with education, there are regional differences when understanding depression and stigma. Different areas may be more open about suffering from depression and stigma levels will be lower there, where in other areas it may not be appropriate

to discuss mental health and therefore the stigma will be higher. This is all important to keep in mind for furthering research on depression and stigma.

      This research can help educate others on what influences people to stigmatize depression. More education on depression may help lower stigma levels. Publicizing first hand detailed accounts of what it is like to experience depression may help decrease stigma levels. This might be done through social media sites because a wide audience can be reached.

APPENDIX A: DEMOGRAPHICS QUESTIONNAIRE

Please circle all that apply:

1. Age   _____

2. Race

White/Caucasian

Black/African American

Asian

Middle Eastern

Native American

Alaskan Native

Native Hawaiian

Pacific Islander

Two or More Races

Other

3. Ethnicity

Hispanic

Non-Hispanic

4. Gender

Male

Female

Neutral/Non-conforming

5. Political Ideology

Extremely Liberal

Liberal

Moderate

Conservative

Extremely Conservative

6. Religion   Christian

Jewish

Muslim

Non-religious/Agnostic/Atheist

Other

7. Education   Some High School

High School or equivalent

Some College, no degree

Associate's Degree

Bachelor's Degree

Master's Degree

Ph.D.

8. Occupation   Arts, Entertainment, Sports, and Media

Healthcare

Legal/Civil Servants

Military

Office and Administration

Education

Farming, Fishing, Food Preparation, and Serving

Building and Grounds Cleaning/Maintenance/Repair

Business and Financial

Architecture/Engineering/Construction

Management/Sales

Computer and Mathematics

Other

9. Employment Status

Employed, working 40+ hours per week

Employed, working 1-39 hours per week

Not employed, looking for work

Not employed, NOT looking for work

Retired

Disabled, not able to work

10. Relationship Status

Single, never married

In relationship, not married

Married

Separated

Divorced

Widowed

11. Parental Status   No children

Has children, not primary caretaker

Has children, primary caretaker

Has grown self-sufficient children

APPENDIX B: HISTORY OF DEPRESSION QUESTIONNAIRE

Answer honestly and to the best of your ability:

1. Do you have a history of depression?   Y   N

*If no skip to 5

2. How long did/has the depression   Under 1 month

last(ed)?   1-3 months

4-6 months

7-9 months

Under 1 year

1-5 years

10+ years

From birth (or as long as you can

remember)

3. Were you ever hospitalized for   Y   N

depression?

4. Are you currently still dealing with   Current

depression or recovered?   Recovered

* If no skip to 5

5. Does depression run in the family? (i.e.   Y   N

Mother, Father, or Siblings)

* If no skip to 7

6. If yes, circle all that apply.

Mother

Father

Siblings

7. Have you ever had a partner with depression?

*If more than one think of your most recent relationship

* If no skip to 14

Y   N

8. How long did/has the depression last(ed)?

Under 1 month

1-3 months

4-6 months

7-9 months

Under 1 year

1-5 years

10+ years

From birth (or as long as you can remember)

9. To your knowledge were they ever hospitalized for depression?

Y   N

10. Are they currently still dealing with depression or recovered?   Current

Recovered

11. Are you still in contact with them?   Y   N

12. If yes to 11, has the depression negatively affected your relationship?   Y   N

13. If no to 11, did the depression play a role in terminating the relationship?   Y   N

14. Have you ever had friends with depression?   Y   N

15. To your knowledge have you ever worked with someone who had depression?   Y   N

APPENDIX C: DEPRESSION STIGMA QUESTIONNAIRE

Please read the following passage and answer the following questions:

Gary has recently been diagnosed with depression. Overall he is satisfied with his life. He lives in the suburbs with his spouse and their two young children. Gary has a steady income that allows him to own his own home and his and his spouse's cars. He gets relatively low stress from his occupation and his spouse also works full time. Gary has many interests and hobbies that include spending time with loved ones, watching and playing sports, cooking, and volunteering once a month. For the past three months Gary has not been feeling like himself and has no desire to partake in these activities. He is finding himself to be tired the majority of the time and has started to lose weight because of his lack of appetite. Even though he is mostly tired, he has trouble sleeping well at night and has difficulty concentrating on anything for more than a few minutes. Gary has recently seen a doctor that declared his body is in good health. All of Gary's family and friends are in good health, alive, and living nearby.

Depression Scenario- Female

Please read the following passage and answer the following questions:

Eliza has recently been diagnosed with depression. She lives in the suburbs with her spouse and their two young children. Eliza has a steady income that allows her to own her own home and her and her spouse's cars. She gets relatively low stress from her occupation and her spouse also works full time. Eliza has many interests and hobbies that include spending time with loved ones, watching and playing sports, cooking, and volunteering once a month. For the past three months Eliza has not been feeling like herself and has no desire to partake in these activities. She is finding herself to be tired the majority of the time and has started to lose weight because of her

lack of appetite. Even though she is mostly tired, she has trouble sleeping well at night and has difficulty concentrating on anything for more than a few minutes. Eliza has recently seen a doctor that declared her body is in good health. All of Eliza's family and friends are in good health, alive, and living nearby.

Non-Depression Scenario- Male

Please read the following passage and answer the following questions:

John is married with two children. He lives in the suburbs where he drops his children off at school each morning before going to work. Both he and his spouse have full-time, steady occupations and do not worry much about financials. John enjoys spending time with friends and family, going to the gym, attending movies, and volunteering once a month at an animal shelter. Every once in a while John gets into a fight with his spouse about this or that. Occasionally he will get stressed by trying to do too much at once. Overall John is satisfied with his life. He is in good health and his loved ones are in good health, alive, and close by.

Non-Depression Scenario- Female

Please read the following passage and answer the following questions:

Lillian is married with two children. She lives in the suburbs where she drops her children off at school each morning before going to work. Both she and her spouse have full-time, steady occupations and do not worry much about financials. Lillian enjoys spending time with friends and family, going to the gym, attending movies, and volunteering once a month at an animal shelter. Every once in a while Lillian gets into a fight with her spouse about this or that. Occasionally she will get stressed by trying to do too much at once. Overall Lillian is satisfied with her life. She is in good health and her loved ones are in good health, alive, and close by.

Depression Tolerance Questionnaire

Please read these questions carefully and answer these questions based on this scale: 1 (extremely unlikely) to 3 (neutral) to 5 (extremely likely)

1. How likely would you be to work with this person?

    1   2   3   4   5

2. How likely would you be to team up with this person for a work project?

    1   2   3   4   5

3. How likely would you spend time with this person outside of work?

    1   2   3   4   5

4. How likely would you become neighbors with this person?

    1   2   3   4   5

5. How likely would you befriend this person?

    1   2   3   4   5

6. How likely would you be roommates with this person?

    1   2   3   4   5

7. How likely would you ask this person to house sit while you were away on vacation?

    1   2   3   4   5

8. How likely would you ask this person to take care of your children for an afternoon?

    1   2   3   4   5

9. How likely would you start a romantic relationship with this person?

    1   2   3   4   5

(Regardless of gender, just personality)

10. How likely would you want to have   1   2   3   4   5

children with this person?

(Regardless of gender, just personality)

11. How likely would you allow your child   1   2   3   4   5

to marry this person?

(Regardless of gender, just personality)

<div align="center">Depression Stigma Questionnaire</div>

Please read these questions carefully and answer these questions based on this scale: 1

(extremely disagree) to 3 (neutral) to 5 (extremely agree)

12. This person is dangerous.   1   2   3   4   5

13. This person should be kept away from   1   2   3   4   5

the rest of society.

14. You want to distance yourself from this   1   2   3   4   5

person.

15. You would not be embarrassed if others   1   2   3   4   5

found out this person was your friend.

16. You would not be embarrassed if others   1   2   3   4   5

found out this person was your family.

17. This person is sick.   1   2   3   4   5

18. This person should 'suck it up.'   1   2   3   4   5

19. This person should seek professional   1   2   3   4   5

help.

20. This person should seek a medical doctor.	1	2	3	4	5
21. This person should seek a mental health practitioner.	1	2	3	4	5
22. This person should be admitted to a hospital.	1	2	3	4	5
23. This person should be admitted to a treatment facility.	1	2	3	4	5
24. This person should be admitted to an asylum.	1	2	3	4	5
25. This person is safe.	1	2	3	4	5
26. This person should be allowed to participate in social events.	1	2	3	4	5
27. You want to help this person.	1	2	3	4	5
28. You would be embarrassed if others found out this person was your friend.	1	2	3	4	5
29. You would be embarrassed if others found out this person was your family.	1	2	3	4	5

APPENDIX D: IRB APPROVAL

Approval of Exempt Human Research

From: **UCF Institutional Review Board #1**
FWA00000351, IRB00001138

To: **Elizabeth Grauerholz** and Co-PI: **Amanda P. Gold**

Date: **February 03, 2015**

Dear Researcher:

On 02/03/2015, the IRB approved the following activity as human participant research that is exempt from regulation:

Type of Review:	Exempt Determination
Project Title:	Exploring the Stigma Associated with Depression
Investigator:	Elizabeth Grauerholz
IRB Number:	SBE-15-10971
Funding Agency:	
Grant Title:	
Research ID:	N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in iRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the Investigator Manual.

On behalf of Sophia Dziegielewski, Ph.D., L.C.S.W., UCF IRB Chair, this letter is signed by:

IRB Coordinator

REFERENCES

American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders
(5th ed.). Arlington, VA: American Psychiatric Publishing.

Barney, L., Griffiths, K., Jorm, A., & Christensen, H. (2006). Stigma about depression and its
impact on help-seeking intentions (English). *Australian And New Zealand Journal Of
Psychiatry*, *40*(1), 51-54.

Berelson, B., & Steiner, G. A. (1964). Human behavior: An inventory of scientific findings. New
York: Harcourt, Brace & World.

Boyd, J. E., Katz, E. P., Link, B. G., & Phelan, J. C. (2010). The relationship of multiple aspects
of stigma and personal contact with someone hospitalized for mental illness, in a
nationally representative sample. *Social Psychiatry And Psychiatric Epidemiology*,
45(11), 1063-1070.

Boyd, J. E., Otilingam, P. G., & DeForge, B. R. (2014). Brief version of the Internalized Stigma
of Mental Illness (ISMI) scale: Psychometric properties and relationship to depression,
self esteem, recovery orientation, empowerment, and perceived devaluation and
discrimination. *Psychiatric Rehabilitation Journal*, *37*(1), 17-23. doi:10.1037/prj0000035

Conner, K. O., Lee, B., Mayers, V., Robinson, D., Reynolds, C. F., Albert, S., & Brown, C.
(2010). Attitudes and beliefs about mental health among African American older adults
suffering from depression. *Journal Of Aging Studies*, (4), 266.

Goffman, Irving. 1963. *Stigma:Notes on the management of spoiled identity*. Englewood
Cliffs, NJ:Prentice Hall.

Griffiths, K. M., Christensen, H., & Jorm, A. F. (2008). Predictors of depression stigma. *BMC Psychiatry*, *8*1-12. doi:10.1186/1471-244X-8-25

Heim, D., Smallwood, J., & Davies, J. B. (2005). Variability in lay perceptions of depression: A vignette study. *Psychology & Psychotherapy: Theory, Research & Practice*, *78*(3), 315-325. doi:10.1348/147608305X25793

Kendra, M. S., Mohr, J. J., & Pollard, J. W. (2014). The Stigma of Having Psychological Problems: Relations With Engagement, Working Alliance, and Depression in Psychotherapy. *Psychotherapy*, doi:10.1037/a0036586

Pattyn, E., Verhaeghe, M., Sercu, C., & Bracke, P. (2013). Medicalizing versus psychologizing mental illness: what are the implications for help seeking and stigma? A general population study. *Social Psychiatry & Psychiatric Epidemiology*, *48*(10), 1637-1645. doi:10.1007/s00127-013-0671-5

Phelan, J. E., & Basow, S. A. (2007). College Students' Attitudes Toward Mental Illness: An Examination of the Stigma Process. *Journal Of Applied Social Psychology*, *37*(12), 2877-2902. doi:10.1111/j.1559-1816.2007.00286.x

Rabkin, J. (1974). Public Attitudes Toward Mental Illness: A Review of the Literature. *Schizophrenia Bulletin*, *1*(10), 9.

Schnittker, J. (2000). Gender and Reactions to Psychological Problems: An Examination of Social Tolerance and Perceived Dangerousness. *Journal of Health and Social Behavior*, (2). 224.

Wernicke, R., Pearlman, M., Thorndike, F., & Haaga, D. (2006). Perceptions of depression among recovered-depressed and never-depressed individuals. *Journal Of Clinical Psychology*, *62*(6), 771-776.

BIBLIOGRAPHY

Coyne, J. C., Gallo, S. M., Klinkman, M. S., & Calarco, M. M. (1998). Effects of recent and past major depression and distress on self-concept and coping. *Journal Of Abnormal Psychology*, *107*(1), 86-96. doi:10.1037/0021-843X.107.1.86

Kirk, L., Haaga, D. F., Solomon, A., & Brody, C. (2000). Perceptions of Depression among Never-Depressed and Recovered-Depressed People. *Cognitive Therapy & Research*, *24*(5), 585.

Ryan, T. (1998). Perceived risks associated with mental illness: beyond homicide and suicide. *Social Science & Medicine*, (2), 287.

Schwenk, T., Davis, L., & Wimsatt, L. (2010). Depression, Stigma, and Suicidal Ideation in Medical Students (English). *JAMA, The Journal Of The American Medical Association*, *304*(11), 1181-1190.

Stuber, J., Rocha, A., Christian, A., & Link, B. (2014). Conceptions of Mental Illness: Attitudes of Mental Health Professionals and the General Public (English). *Psychiatric Services (Washington, D.C.)*, *65*(4), 490-497.