FACTORS THAT AFFECT THE STIGMA OF MENTAL ILLNESS IN COLLEGE STUDENTS

Honors Thesis

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Abstract

Nearly 50% of American 18-24 year olds are enrolled in college at least part time, and these years in college are often difficult, stressful times for students. In a study of over 200,000 first year college students, Iarovici (2014) found that students are reporting the lowest levels of emotional health in 25 years.   Blanco et al. (2008) found that in a sample of students with mental illnesses, fewer than 25% sought treatment in the year before the survey, even though they were struggling, and this may be due to the stigma of mental illness. Stigma, according to Goffman (1963), is the application of negative characteristics to a person or group of people. This study sought to examine factors that may affect the stigma of mental illness. Variables examined included perceived public stigma, personal stigma, social desirability, locus of control, and stigma of depression specifically. The results showed a significant correlation between perceived public stigma of mental illness and perceived public stigma of depression and a significant correlation between personal stigma of mental illness and personal stigma of depression.

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Introduction

Nearly 50% of American 18-24 year olds are enrolled in college at least part time, and these years in college are often difficult, stressful times for students. In a study of over 200,000 first year college students, Iarovici (2014) found that students are reporting the lowest levels of emotional health in 25 years. Further, Sabatke (2016) found that 49.5% of students reported feeling hopeless and 60.5% reported feeling lonely. Both of these feelings may be symptoms of depression.

In a study that asked students about the top hindrances to their academic performance, stress, sleep difficulties, and depression and anxiety were among the top cited hindrances (Iarovici, 2014). The Suicide Prevention Resource Center (n.d.) has linked depression with dropping out of school. In addition, they also report that five percent of students don't finish their education due to a mental illness. Other problems that mental illnesses can cause are decreased energy levels, concentration, and optimism. Keyes et al. (2012) found that poor mental health can also be a predictor of suicidal behavior.

According to the National Data on Campus Suicide and Depression (2016), one out of every 12 college students will make a suicide plan while at school. Suicide is also the second leading cause of death in 18-24 year olds (Schwartz, 2014). Unfortunately, increased media attention to these suicides can also trigger students and cause suicide clusters, which are multiple numbers of suicides within a relatively short time frame, sometimes within a specific geographical area (Jacobs, 2015). For example, in fall of 2003 at New York University, three students committed suicide within a five-week period as well as three more that year. At Cornell University, six students committed suicide over a few months in 2009-2010 (Iarovici, 2014). In

September- January of 2017, seven students at Columbia University committed suicide. Three of these suicides happened just within January (Cohen & Italiano, 2017).

Unfortunately, there are many factors that can cause mental illness, both physical and psychological. According to Mental Illness Definition, Test, and Statistics (n.d.), mental illnesses can often run in families. The cause of mental illness can be a result of biological factors biological. If a parent has a mental illness, it is more likely that their children will have a mental illness as well. Mental illness can also be caused by a chemical imbalance in the brain. Neurotransmitters are chemicals in the brain that help nerve cells communicate with each other. If the neurotransmitters aren't working properly, messages aren't making it through the brain correctly, and symptoms of mental illness may occur. Psychological trauma in a person's past can play a role in the formation of mental illness. This can be trauma like physical, emotional, or sexual abuse or neglect. Finally, environmental factors can be a cause of mental illness. This can be experiencing a death or divorce, or having a dysfunctional family life.

Mental illness often isn't caused by just one of these factors, it can be a result of a combination of them. To explain this, the diathesis stress model can be used (Parish, 2014). Parish explains that predisposing vulnerabilities to mental illness can act in combination with other factors like past trauma to cause mental illness. For example, when a child's family has a history of depression, this often doesn't mean they will definitely become depressed. However, if other factors, like abuse from their parents, are present, they're more likely to become depressed. An abused child whose family doesn't have a history of depression is less likely to become depressed than the abused child with a family history of depression.

Veny (2017) writes about how college students are often met with a larger amount of these environmental stressors than the average population. When they first enter college, they

are faced with more academic pressure to achieve perfect grades than they experienced before. High school academics are easier than college academics, and adjusting to the difference between the two is usually stressful. Students who did well in classes in high school expect the same in college, but this isn't always the case. Financial stressors also occur because of the high cost of college. Students feel the need to work enough while in school to pay for their college expenses, but this is difficult to do while also maintaining a decent grade point average. Medical care is expensive as well, so it's difficult for students to afford psychiatric help when they require it.

Iarovici (2014) further explains stressors common in college students. One of the biggest issues is perfectionism, where students set unrealistic expectations for themselves. This causes them to feel like they've failed when they don't meet these expectations. Self-oriented perfectionism is the tendency to set higher standards for oneself and be highly conscientious. This type of perfectionism can actually lead to more success, because the student is more motivated by success than fear of failure. Perfectionism can also be caused by outside sources, where the student strives for perfection out of fear that they will face judgment from others, like their parents or peers, if they don't achieve it. This is called socially-prescribed perfectionism and can cause psychological harm like depression and increased suicide risk.

Because of the large amount of research surrounding the poor mental health of college students, there are many mental health resources available to them. For example, the Garrett Lee Smith Memorial Act (GLSMA) was passed in 2004, which provided federal funding to implement suicide prevention programs on college campuses across the country. These programs include training to recognize at-risk behaviors of suicide and increasing awareness of

suicide. The funding also improved students' access to resources like mental health education materials and crisis hotlines (Goldston et al, 2010).

Many college campuses have a group called Active Minds. It was established as a national organization in 2003, and has the goal of raising awareness of mental illness. It has over 200 campus chapters across the country and has programs like the Send Silence Packing program. The Send Silence Packing program is a traveling exhibition of backpacks that represents the college students that have committed suicide each year. Program evaluation data shows that many individuals leave the exhibition wanting to learn more about mental health. Active Minds also has a list of mental health resources on their website for college students to use, which includes a suicide hotline and suicide prevention research (Tissue, n.d.).

Even though mental illness is common on college campuses and there are resources available to students to use, students often don't seek treatment. Goodwin, Behan, Kelly, McCarthy, & Horgan (2016) found that 18-24 year-olds are less likely than middle aged adults to seek help for mental illness. Blanco et al. (2008) found that in a sample of students with mental illnesses, fewer than 25% sought treatment in the year before the survey, even though they were struggling. College students struggling with alcohol and other substance abuse were also less likely to seek treatment than non-college students struggling with the same issues. The reason for this may be the stigma surrounding mental illness.

Stigma, according to Goffman (1963), is the application of negative characteristics to a person or group of people and is when that person or group is changed from "a whole and usual person to a tainted, discounted one" (p. 3). The word *stigma* is derived from the Greek word *stizein*, which was a mark put on slaves which indicated that they are of lesser value in social structures (Arboleda-Florez, 2002). According to Jones et al (1984), there are two stages of

stigma. First, there must be a "mark" (p.8) that is different than what is considered normal. Then, this mark is linked to unwanted characteristics. For example, a person is schizophrenic and has hallucinations. This is different than what is considered normal in society, so others may call this person and others who are schizophrenic "crazy".

In a United Kingdom survey by Davey (2013), 1700 adults were asked about their beliefs on those who are mentally ill. One commonly held belief was that people who are mentally ill can be dangerous. It was also found that respondents thought that some mental illnesses like eating disorder or substance abuse are self-inflicted. Finally, respondents held the belief that people who are mentally ill can be difficult to talk to.

Reactions to the stigmatization of mental illness can differ depending on how closely a person identifies with this group and how much they agree with the negative stereotypes assigned to it. Watson and River (2005) created a model illustrating this. Those who don't believe in the negative stereotypes about mental illness and identify strongly with this group will experience anger toward those people who are stigmatizing the group. Those who believe in the negative stereotypes about the mentally ill and identify strongly with the group will most likely experience low self-esteem. Regardless of how much they agree with the stereotyping, those who don't identify strongly with persons with mental illness are likely to feel indifferent about the stigmatization.

Lette (1992) has described her own experience with mental illness and how stigma has affected her because of it. Lette has schizophrenia and experienced her first psychotic episode at the end of her first semester of college. Her family received news of her symptoms, so her father moved her out of her college dormitory and she started treatment. After she was treated, her college refused to readmit her because of her mental illness. When she went to an emergency

room for illness, her symptoms were written off as delusions because of her history with schizophrenia. She attempted to get insurance coverage, but was denied because her schizophrenia was considered a preexisting condition. She writes "Because of this stigma, many of us are unwilling to admit our difficulties, understand and accept our illnesses, and actively learn how to cope with our symptoms" (p. 24).

One possible cause of the stigma of mental illness is the language that is often used to describe it. Granello & Gibbs (2016) studied the importance of using "person-first" language. This type of language when describing those struggling with mental illness avoids describing a person solely by their disability, or mental illness. For example, saying "a schizophrenic person" would be objectifying a person by their condition. This can be avoided by using person- first language and saying "a person with schizophrenia". Granello & Gibbs conducted a study that distributed a questionnaire that assessed the attitudes of participants towards people with mental illness. Half of the participants' questionnaires used the words "the mentally ill" and the other half used the words "people with mental illnesses". The participants that had questionnaires using the phrase "the mentally ill" reported less tolerance towards people with mental illness.

Another study similar to this by Cuttler & Ryckman (2018) studied the effects of using noun labels. Noun labels refer to people as their disorders, for example, saying "delusional Jessica". Possessive forms of noun labels is similar to person first language, and refers to a person has having their condition "Jessica has a delusional disorder". The participants in this study read scenarios and were asked to rate hypothetical characters in each scenario. Characters in the scenarios with noun labels were rated significantly lower than characters identified with possessive forms of noun label.

Another possible factor contributing to the stigma of mental illness is intersectionality (Fox, Earnshaw, Taverna, & Vogt, 2017). Fox et al explains that intersectionality is how an individual's identities overlap and affect their life. These identities, in both the stigmatized and the stigmatizer, can shape the stigma of mental illness. For example, a white woman might have a different perspective on mental illness than an African-American man. This can be due to the difference in their social identities. This theory is called the intersectionality theory.

It has been found that a person's culture can play a role in their perceptions on mental illness. In a study done on 50 Caucasian Americans and 50 Chinese Americans by Hsu et al (2008), subjects were given five case vignettes. Three cases were types of depression, one was a fever of unknown origin, and the last was diabetes. Their stigma for each case was measured using 25 statements that they rates using a Likert scale. Stigma in the Chinese American subjects was worse than the Caucasian American subject for all five case vignettes.

Gonzales, Chan, & Yanos (2017) conducted a study that examined stigmatizing attitudes towards mental illness and neighborhood disadvantage. To calculate the neighborhood disadvantage of participants in the study, they used the combined z scores of the median income, percent unemployed, percent high school graduate, percent using public assistance, and percent below the poverty line. The results of the study showed that higher levels of neighborhood disadvantage in participants predicted a higher level of stigmatizing attitudes towards mental illness.

A person's attitude towards people mental illness can also depend on characteristics of the stigmatized individuals and their type of mental illness. Jones et al (1984) identified six dimensions of stigma: concealability, course, disruptiveness, peril, origin, and aesthetics. Concealability refers to the ability of the stigmatized person to hide their stigmatized trait.

Course is how likely the person is to recover from treatment. Disruptiveness is how much a mental disorder impacts relationships or society. Peril is how frightening or dangerous a person seems as a result of their mental illness. Origin is the reason the mental illness developed. Finally, aesthetics is the displeasing nature of mental illnesses. Stigma can occur as a result of one of these dimensions or an interaction between two or more of these dimensions. For example, a person with schizophrenia may find their symptoms difficult to conceal. Other people may also find their symptoms displeasing and think the person is dangerous. Therefore, people may have more stigmatizing attitudes toward this person with schizophrenia.

Wirth & Bodenhausen (2009) did a study where they examined individual's attitudes toward people with mental illnesses that were considered atypical for their gender. Each participants read a case summary that discussed either a male or a female, identified by name, that was struggling with either alcoholism, a disorder considered typical for males, or depression, a disorder considered typical for females. It was found that the case summaries with individuals struggling with a gender-atypical disorder received more sympathy and favorable reactions than case summaries with individuals with gender-typical disorders. In other words, females with alcoholism received more favorable reactions than males with alcoholism. Wirth & Bodenhausen wrote that this may be because when individuals deviate from gender typical traits, it could indicate to others that there is a genuine mental disturbance and they could be viewed as less personally responsible for their disorder.

Present Study

The purpose of this study is to examine factors that could cause mental illness stigma. To do this, a survey was administered to participants that measured the following variables.

Perceived Public Stigma and Personal Stigma

Perceived public stigma is defined as how an individual thinks the public feels about mental illness (Jennings et al, 2015). For example, if an individual thinks that most people have a large amount of stigma towards individuals who are mentally ill, they have high public stigma. Unfortunately, this variable can act as a barrier for those who wish to seek mental health, because they're afraid of what others will think of them (SAMSHA, 2006). The aim of this study is to examine the correlation between perceived public stigma and personal stigma, which is the attitudes that a person forms about a group of people, not necessarily agreeing with the public stigma. The hypothesis being tested is that personal stigma is affected by perceived public stigma.

Locus of Control

Because locus of control could have an effect on how individuals' perceptions of other people's attitudes affect their own attitudes, it will also be measured in this study. Locus of control is whether the participants feel events in their life is controlled by internal or external forces (Halpert & Hill, 2011). Spector (1983) found that those with an external locus of control, or feel that events in their lives are controlled more by external forces, are more likely to conform. Participants with an external locus of control may be more influenced by their perceptions of their peers' attitudes than those with an internal locus of control. Therefore, it was measured.

Social Desirability

Socially desirable responding is defined as when a person responds in a way that they think is more desirable in society. Adams et al (2005) found that women who reported on their physical activity and measured high in social desirability tended to overreport their physical

activity. In other studies where participants complete self-reports, social desirability may also influence the results. Social desirability may influence the results in this study because participants may be embarrassed to admit if they have negative attitudes towards mental illness and report lower levels of personal stigma.

Stigma Linked to Depression

Participants may have different attitudes towards mental illness because they are linked to a specific mental illness that they have experienced. To determine if this is true, they will be asked about their stigma concerning depression.

Methods

Participants

Participants in this study were 27 students enrolled at Salem State University. The participants were recruited by addressing students in undergraduate psychology classes about this study. They were told that it would take about 20 minutes to complete the questionnaire and it would ask about their feelings about life and their perceptions of others. Students would also receive SONA credits for participating, which could possibly be used to earn extra course credit in psychology classes with the professor's permission. SONA is an online research participation system where students can sign up to participate in research studies. Students who were interested were given information on how to sign up to participate in the study through SONA, where they were instructed to sign up for a date and time to participate. To be eligible to participate, participants must be at least 18 years of age.

The demographic data collected in the survey from the participants is in Table 1.

Table 1

Characteristic	Number of Participants N (% of participants)
Age	
18-25	24 (88.89)
26-40	3 (11.11)
Sex	
Female	26 (96.30)
College Major	
Psychology	14 (51.85)
Healthcare Studies	3 (11.11)
Double Major with Psychology	2 (7.41)
Other	7 (25.93)

Characteristics	Number of Participants (% of participants)
Race	

White/Non Hispanic	14 (51.85)
Hispanic	5 (18.52)
Asian or Pacific Islander	3 (11.11)
African American	2 (7.41)
Other	2 (7.41)
Average Yearly Household Income	
Under $50,000	8 (29.61)
$50,001- $100,000	7 (25.92)
$100,001-$150,000	5 (18.52)
$150,001-$200,000	3 (11.11)
Above $200,000	2 (7.41)
Did not Report	1 (3.70)
Experienced Mental Illness?	
Yes	22 (81.48)
No	4 (14.81)
Did not report	1(3.70)

Measures

The variables being studied are perceived public stigma, personal stigma, personal stigma towards depression, locus of control, and social desirability. The main hypothesis being tested is that perceived public stigma will be positively correlated with personal stigma. It is also hypothesized that having an external locus of control will be positively correlated with perceived public stigma. Higher social desirability is hypothesized be negatively correlated with reported personal stigma. Each participant completed a series of questionnaires designed to assess these variables. The following scales were administered:

> **Demographic Questionnaire**

Participants were asked to report basic demographic information like their gender, race, college major, and their household income growing up.

Perceived Devaluation Discrimination Scale

This 12- item scale was designed by Link (1987) to measure perceived public stigma in the participants. This scale asks participants if they agree or disagree with statements about how the public feels about others receiving psychiatric treatment. It has the reliability of 0.8 and can be used by the general public (Link & Yang, 2015). A higher score on this scale indicates a higher amount of stigma.

Modified Perceived Devaluation Discrimination Scale

This scale is similar to the original Link's Perceived Devaluation Discrimination Scale (Link 1987), except instead of asking about how the participants feel others think about those receiving psychiatric treatment, it asks about their own attitudes towards those receiving psychiatric treatment. It was modified by the researcher for the purpose of this study. A higher score on this scale indicates a higher amount of perceived public stigma.

Internal- External Locus of Control Scale

This is a 23-item forced choice scale designed by Rotter (1966) to measure locus of control. The participant is given two statements and must pick the one they agree with most. The scale is frequently used and although it's not made to be used in specific domains, it has been found to have high validity in many different situations (Halpert & Hill, 2011). A higher score on this scale indicates a more external locus of control.

Social Desirability Scale

This 33- item scale developed by Marlowe and Crowne (1960) measures social desirability. It was found that it has a test-retest coefficient of 0.89 and an internal

consistency coefficient of 0.88. There are 33 items in the scale. Each item gives the

participant a statement about themselves and must write if it is true or false. Eighteen of

these items are keyed true and 15 are keyed false, so it is unlikely that a response set

interpretation of scores is made. A higher score on this scale indicates a higher

probability that a participant will change their response based on what they think is

socially desirable.

Griffiths Stigma Concerning Depression Questionnaire (2008)

The Stigma Concerning Depression Questionnaire designed by Griffiths (2008) measures

the participants stigma towards others struggling with depression as well as their

perceptions of other people's stigma towards others struggling with depression. The

participants are given a statement and are asked to rate how strongly they agree or

disagree with it. It has an internal consistency coefficient of 0.77 and test-retest

reliability of 0.71. A higher score on this scale indicates a higher amount of perceived

and personal stigma of depression.

Question on Mental Illness

Because prior experiences with mental illness may affect their attitudes towards it,

participants were also asked if they've experienced mental illness before.

Procedure

This study was approved by the Institutional Review Board (IRB) at Salem State

University.

Participants arrived at a research room on the date and time they signed up for. They

were given a disclosure form, which was approved by the IRB, and instructed to read the form.

They were allowed to keep the disclosure form. After this, they were given six questionnaires to complete:

- Demographic questionnaire

- Perceived Devaluation Discrimination Scale (Link, 1987)

- Modified Perceived Devaluation Discrimination Scale (Link, 1987 as modified by the author)

- Internal- External Locus of Control Scale (Rotter, 1966)

- Personal Reaction Inventory (Marlowe & Crowne, 1960)

- Stigma Concerning Depression Questionnaire (Griffiths, 2008)

- Single- item question assessing participants experience with mental illness

Participants completed these questionnaires in groups of no more than three, and were asked to complete them in the order above. While questionnaires were being completed, the researchers remained outside of the room in order to preserve subject confidentiality. After completing the questionnaires, the participants were thanked for their participation and told the results would be available at the end of June, 2018.

Results

The minimum, maximum, mean, and standard deviation for each variable were also recorded in Table 2.

Table 2

	Minimum	Maximum	Mean	Standard Deviation
Perceived Public Stigma	7.00	39.00	26.28	7.32302
Personal Stigma Depression	0	31.00	12.3333	9.31087
Personal Stigma Depression	0	19.00	7.3333	5.80451

Perceived Public Stigma	9	39.00	26	8.25631
Locus of Control	4.00	22.00	12.64	4.09145
Social Desirability	2.00	26.00	15.2692	6.07656

To analyze this data, correlation coefficients were calculated between each of the variables. The results are shown in Table 3.

Table 3

		Perceived Public Stigma	Personal Stigma	Depression Personal Stigma
Perceived Public Stigma	Pearson Correlation	—	0.39	.188
	Sig. (1 tailed)		0.427	.184
	N		25	25

Personal Stigma	Pearson Correlation	.039	_	.547**
	Sig. (1 tailed)	0.427		.002
	N	25		27
Depression Personal Stigma	Pearson Correlation	.188	.547**	_
	Sig. (1 tailed)	.184	.002	
	N	25	27	
Depression Perceived Public Stigma	Pearson Correlation	.460*	-.054	.286
	Sig. (1 tailed)	.010	.399	.083
	N	25	25	25
Locus of Control	Pearson Correlation	-.134	-.052	.015
	Sig. (1 tailed)	.266	.402	.472
	N	24	25	
Social Desirability	Pearson Correlation	-.124	-.079	-.141
	Sig. (1 tailed)	.277	.351	.246
	N	25	26	26

Table 3 (continued)

		Depression Perceived Public Stigma	Locus of Control	Social Desirability
Perceived Public Stigma	Pearson Correlation	.460*	-.134	-.124
	Sig. (1 tailed)	.010	.266	.277
	N	25	24	25
Personal Stigma	Pearson	-.054	-.052	-.079

	Correlation Sig. (1 tailed) N	.399 25	.402 25	.351 26
Depression Personal Stigma	Pearson Correlation Sig. (1 tailed) N	.286 .083 25	.015 .472 25	-.141 .246 26
Depression Perceived Public Stigma	Pearson Correlation Sig. (1 tailed) N	–	.191 .185 24	-.119 .286 25
Locus of Control	Pearson Correlation Sig. (1 tailed) N	.191 .185 24	–	-.061 .386 25
Social Desirability	Pearson Correlation Sig. (1 tailed) N	-.119 .286 25	-.061 .386 25	–

*= correlation at .05 level

**= correlation at .01 level

Most relationships between variables did not have a significant correlation coefficient. However, there was significant correlation between personal mental illness stigma and personal depression stigma, $r(27)= .547$, $p< .01$. There was also a correlation between mental illness perceived public stigma and depression perceived public stigma, $r(25)= .460$, $p< .05$.

Discussion

Contrary to the hypotheses made at the beginning of this study, there was no significant correlation between perceived public stigma of mental illness and personal stigma. Another hypothesis made was that social desirability would be negatively correlated with personal stigma, which did not happen in the results. Finally, I also hypothesized that having an external

locus of control will be positively correlated with perceived public stigma. There was no significant correlation between these variables either.

There were two significant correlations between variables that were not included in the hypotheses made at the beginning of this study. There was a significant correlation between personal stigma of mental illness and personal stigma relating to depression. There was also a significant correlation between perceived public stigma of mental illness and perceived public illness related to depression. Neither of these correlations is surprising, because depression is a type of mental illness.

There are several limitations of this study that have affected the results. One possible limitation was the small number of participants (N=27). If there were more participants who had taken the survey, there may have been more significant correlations between variables. The participants in this study were also mostly female, with only one participants reporting being male. This could have affected the results because males may have different personal stigma relating to mental illness than females. Because extra credit was offered in some psychology classes for taking part in the study, a little more than half the participants (51.85%) major in psychology at Salem State University. This may have affected the results because psychology students may have more knowledge about mental illness than the general population, and this could have an effect on their personal stigma of mental illness. Finally, most of the participants of this study reported that they have had an experience with mental illness (81.48%). A prior experience with mental illness could possibly decrease the participant's personal stigma of mental illness and therefore affect the results of this study.

Further research on this subject could include replicating this study with more participants that are less biased. Extra care can be take to include participants that are more

representative of the general population, with similar numbers of males and females. Students who do not major in psychology could also be encouraged to participate in the study so that the participants are not mostly psychology students. Finally, future studies can make an effort to include similar numbers of participants who have experienced mental illness and participants who haven't experienced mental illness. This would also help determine if there's a correlation between mental illness experience and personal stigma of mental illness, which could not be determined in this study because of the low number of participants who reported not experiencing mental illness before (N=4).

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Appendix A

Demographic Questionnaire

1. Age: _____

2. Sex: ☐ Male   ☐ Female   ☐ Other/ transgender   ☐ Prefer not to answer

3. Race:

☐ White/ Non Hispanic   ☐ African American

☐ Hispanic   ☐ Asian or Pacific Islander

☐ American Indian/ Alaskan Native

☐ Other (please specify) _____

☐ Prefer not to answer

4. Major: _____

5. What was your household's average yearly income when you were growing up? Check the box next to the amount that best describes it.

☐ Under $50,000   ☐ $150,001- $200,000

☐ $50,001 - $100,000   ☐ Above $200,000

☐ $100,001- $150,000

Appendix B

Feelings on Mental Illness

Indicate on a scale of 0-5 how much you agree or disagree with each statement below.

(Strongly disagree) 0 - 1 - 2 - 3 - 4 - 5 (Strongly agree)

1.) I would accept a person who has been in a mental hospital as a close friend.   _____

2.) I believe that someone who has been hospitalized for mental illness is dangerous. _____

3.) I believe that a person who has been hospitalized for mental illness is just as trustworthy

as the average citizen.   _____

4.) I would accept a person who has fully recovered from mental illness as a teacher of

young children in a public school.   _____

5.) I will not hire a person who has been hospitalized for mental illness.   _____

6.) I think less of a person after he/she has been hospitalized for a mental illness.   _____

7.) I would be willing to marry someone who has been a patient in a mental hospital. _____

8.) I will hire a person who has been hospitalized for mental illness if he or she is qualified

for the job.   _____

9.) I believe that entering a psychiatric hospital is a sign of personal failure.   _____

10.)   I will not hire a person who has been hospitalized for serious mental illness to

take care of my children, even if he or she had been well for some time.

_____

11.)   I would treat a person who has been hospitalized for mental illness just as I

would   treat   anyone.

_____

12.)   I would be reluctant to date someone who has been hospitalized for a serious

mental   illness.

_____

13.)   Most students on campus would accept a person who has been in a mental

hospital   as   a   close   friend.

_____

14.)   Most students on campus believe that someone who has been hospitalized for

mental illness is dangerous.   _____

15.)   Most students on campus believe that a person who has been hospitalized for

mental illness is just as trustworthy as the average citizen.   _____

16.)   Most students on campus would accept a person who has fully recovered from

mental illness as a teacher of young children in a public school.   _____

17.)   Most students on campus will not hire a person who has been hospitalized for

mental   illness.

_____

18.)   Most students on campus think less of a person after he/she has been

hospitalized   for   a   mental   illness.

_____

19.)   Most students on campus would be willing to marry someone who has been a

patient   in   a   mental   hospital.

_____

20.)   Most employers will hire a person who has been hospitalized for mental illness if

he   or   she   is   qualified   for   the   job.

_____

21.)   Most students on campus believe that entering a psychiatric hospital is a sign of

personal failure.   _____

22.)   Most students on campus will not hire a person who has been hospitalized for serious mental illness to take care of their children, even if he or she had been well for some time.   _____

23.)   Most students on campus would treat a person who has been hospitalized for mental   illness   just   as   they   would   treat   anyone. _____

24.)   Most students on campus would be reluctant to date someone who has been hospitalized for a serious mental illness.   _____

Appendix C

Feelings on Depression

Indicate on a scale of 0-5 how much you agree or disagree with each statement below.

(Strongly disagree) 0 - 1 - 2   - 3 - 4   - 5 (Strongly agree)

1.) People with depression could snap out of it if they wanted to.   ____

2.) Depression is a sign of personal weakness.   ____

3.) Depression is not a real medical illness.   ____

4.) People with depression are dangerous.   ____

5.) It is best to avoid people with depression so you don't become depressed yourself. ____

6.) People with depression are unpredictable.   ____

7.) If I had depression I would not tell anyone.   ____

8.) I would not employ somebody if I knew they had been depressed. ____

9.) I would not vote for a politician if I knew they had been depressed. ____

10.)   Most people believe that people with depression could snap out of it if they

wanted to. ____

11.)   Most people believe that depression is a sign of personal weakness. ____

12.)   Most people believe that depression is not a real medical illness. ____

13.)   Most people believe that people with depression are dangerous. ____

14.)   Most people believe that it is best to avoid people with depression so you don't

become depressed yourself. ____

15.)   Most people believe that people with depression are unpredictable. ____

16.)   If they had depression, most people would not tell anyone. ____

17.)   Most people would not employ somebody if they knew they had been depressed.

____

18.)   Most people would not vote for a politician if they knew they had been

depressed. ____

Appendix D

Personal Reaction Inventory

In each pair, circle the letter for the statement that you agree with the most. There are no right or wrong answers. If you agree with both statements, pick one and only one that you think is the most correct.

1. a. Children get into trouble because their parents punish them too much.

   b. The trouble with most children nowadays is that their parents are too easy with them.

2 a. Many of the unhappy things in people's lives are partly due to bad luck.

   b. People's misfortunes result from the mistakes they make.

3 a. One of the major reasons why we have wars is because people don't take enough interest

      in politics.

   b. There will always be wars, no matter how hard people try to prevent them.

4 a. In the long run people get the respect they deserve in this world.

b. Unfortunately, an individual's worth often passes unrecognized no matter how hard he tries.

5 a. The idea that teachers are unfair to students is nonsense.

  b. Most students don't realize the extent to which their grades are influenced by accidental

    happenings.

6 a. Without the right breaks one cannot be an effective leader.

  b. Capable people who fail to become leaders have not taken advantage of their opportunities.

7 a. No matter how hard you try some people just don't like you.

  b. People who can't get others to like them don't understand how to get along with others.

8 a. Heredity plays the major role in determining one's personality.

  b . It is one's experiences in life which determine what they're like.

9 a. I have often found that what is going to happen will happen.

  b. Trusting to fate has never turned out as well for me as making a decision to take a definite

    course of action.

10 a. In the case of the well prepared student there is rarely if ever such a thing as an unfair

      test.

  b. Many times exam questions tend to be so unrelated to coursework that studying is really

    useless.

11 a. Becoming a success is a matter of hard work, luck has little or nothing to do with it.

  b. Getting a good job depends mainly on being in the right place at the right time.

12 a. The average citizen can have an influence in government decisions.

  b. This world is run by the few people in power, and there is not much the little guy can do

    about it

13 a. When I make plans, I am almost certain that I can make them work.

  b. It is not always wise to plan too far ahead because many things turn out to be a matter of

    good or bad fortune anyhow.

14 a. There are certain people who are just no good.

   b. There is some good in everybody.

15 a. In my case getting what I want has little or nothing to do with luck.

   b. Many times we might just as well decide what to do by flipping a coin.

16 a. Who gets to be the boss often depends on who was lucky enough to be in the right place

   first.

   b. Getting people to do the right thing depends upon ability, luck has little or nothing to do

with

   it.

17 a. As far as world affairs are concerned, most of us are the victims of forces we can neither

   understand, nor control.

   b. By taking an active part in political and social affairs the people can control world events.

18 a. Most people don't realize the extent to which their lives are controlled by accidental

   happenings.

   b. There really is no such thing as "luck."

19 a. One should always be willing to admit mistakes.

   b. It is usually best to cover up one's mistakes.

20 a. It is hard to know whether or not a person really likes you.

   b. How many friends you have depends upon how nice a person you are.

21 a. In the long run the bad things that happen to us are balanced by the good ones.

   b. Most misfortunes are the result of lack of ability, ignorance, laziness, or all three.

22 a. With enough effort we can wipe out political corruption.

   b. It is difficult for people to have much control over the things politicians do in office.

23 a. Sometimes I can't understand how teachers arrive at the grades they give.

   b. There is a direct connection between how hard I study and the grades I get.

24 a. A good leader expects people to decide for themselves what they should do.

b. A good leader makes it clear to everybody what their jobs are.

25 a. Many times I feel that I have little influence over the things that happen to me.

   b. It is impossible for me to believe that chance or luck plays an important role in my life.

26 a. People are lonely because they don't try to be friendly.

   b. There's not much use in trying too hard to please people, if they like you, they like you.

27 a. There is too much emphasis on athletics in high school.

   b. Team sports are an excellent way to build character.

28 a. What happens to me is my own doing.

   b. Sometimes I feel that I don't have enough control over the direction my life is taking.

29 a. Most of the time I can't understand why politicians behave the way they do.

   b. In the long run the people are responsible for bad government on a national as well as on a

       local level.

Appendix E

Social Reaction Inventory

Listed below are a number of statements concerning personal attitudes and traits. Read each

item and decide whether the statement is true or false as it pertains to you personally.

Statement	Write True or False
1.Before voting, I thoroughly investigate the qualifications of all the candidates.	
2. I never hesitate to go out of my way to help someone in trouble.	
3. It is sometimes hard for me to go on with my work if I am not encouraged.	
4. I have never intensely disliked someone.	

5. On occasion I have had doubts about my ability to succeed in life.	
6. I sometimes feel resentful when I don't get my own way.	
7. I am always careful of my manner of dress.	
8. My table manners at home are as good as when I eat out at a restaurant.	
9. If I could get into a movie without paying and be sure I am not seen, I would probably do it.	
10. On a few occasions, I have given up doing something because I thought too little of my ability.	
11. I like to gossip at times.	
12. There have been times when I felt like rebelling against authority even though I know they're right.	
13. No matter who I am talking to, I'm always a good listener.	
14. I can remember playing sick to get out of something.	
15. There have been occasions when I took advantage of someone.	
16. I'm always willing to admit when I make a mistake.	
17. I always try to practice what I preach	
18. I don't find it particularly difficult to get along with loud mouthed, obnoxious people.	
19. I sometimes try to get even, rather than forgive and forget.	
20. When I don't know something I don't at all mind admitting it.	
21. I am always courteous, even to people who are disagreeable.	
22. At times, I have really insisted on having thing my own way.	
23. There have been occasions when I felt like smashing things.	
24. I would never think of letting someone else be punished for my wrongdoings.	
25. I never resent being asked to return a favor.	
26. I have never been irked when people expressed ideas very different from my own.	
27. I never make a long trip without checking the safety of my car.	

28. There have been times when I was quite jealous of the good fortunes of others.	
29. I have almost never felt the urge to tell someone off.	
30. I am sometimes irritated by people who ask favors of me	
31. I have never felt that I was punished without cause.	
32. I sometimes think that when people have misfortune they only got what they deserved.	
33. I have never deliberately said something to hurt someone's feelings.	

Appendix F

Have you ever experienced any of these mental illnesses: depression, anxiety or panic

disorders, obsessive compulsive disorder, schizophrenia, eating disorders, addiction,

personality disorders?   Circle yes or no. Y/N