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**The Influence of Specific Diagnosis and Trait Self-Relevance on Positive and Negative
Perceptions of Individuals with a Mental Illness**

A Thesis Presented to:

The Department of Psychology

College of Liberal Arts and Sciences and

The Honors Program

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In Partial Fulfillment of the Requirements

for Graduation Honors

Sabrina L. Stock

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Abstract

I investigated how participants perceived an individual with either depression, schizophrenia, or no disorder on negative and positive traits and then examined how these perceptions linked to desire for social distance (DSD), trait self-relevance, positive former contact with a person with mental health problems, and continuum beliefs. One-hundred-and-fifty undergraduates completed an online survey that described a vignette character with depression (VCWD), vignette character with schizophrenia (VCWS), or control character with no mental disorder (CC) and assessed participants' perceptions of the character's traits, DSD from the vignette character, perceptions of one's own traits, and demographic characteristics. In general, the VCWD was viewed as thoughtful, unpredictable, and apathetic. The VCWS was viewed as interesting but less kind as well as more dangerous, irresponsible, and unpredictable than other characters. DSD correlated with perceived dangerousness, irresponsibility, and unpredictability. Because negative traits are strong predictors of DSD, participants showed more DSD from the VCWS than other characters. Neither positive former contact nor continuum beliefs correlated with DSD. Finally, high trait self-relevance increased the likelihood of perceiving one's own traits in VCWD but not VCWS, suggesting participants saw less of themselves in someone with schizophrenia than someone with depression. Together, these results suggest that positive and negative perceptions of depression and schizophrenia exist, but people identify less with and are less willing to socialize with someone diagnosed with schizophrenia than depression.

The Influence of Specific Diagnosis and Trait Self-Relevance on Positive and Negative Perceptions of Individuals with a Mental Illness

Perceptions of mental illnesses are critical to addressing mental health. Stigma, a useful measure of negative perceptions, is best defined as negative attitudes that are associated with labeling, stereotyping, separating, and discriminating (Link & Phelan, 2001) and can be measured through desire for social distance as a behavioral component (Buckwitz et al., 2021). Trivialization is best defined as behaviors which portray illnesses as easy to manage, treat, or live with (Robinson et al., 2019). One study, which compared stigma against mental versus physical illnesses by analyzing thousands of tweets from the social media platform Twitter on the topics, found that mental health conditions are, on the whole, stigmatized and trivialized significantly more than physical conditions (Robinson et al., 2019). The most stigmatized of the ten analyzed illnesses was schizophrenia. Notably, schizophrenia was stigmatized more than it was trivialized while the opposite held true for depression. Additionally, of the mental illnesses, depression was the target of the least stigma and the second least trivialization. Another study which analyzed the contents of tweets with the hashtags “#depression” or “#schizophrenia” found that people are more supportive of depression than schizophrenia and that stigma against schizophrenia is far greater comparatively (Reavley & Pilkington, 2014).

Past research has established that understanding social perceptions of individuals with mental illnesses is important because three of the most prominent factors that predict social rejection of people with mental disorders are perceived personal responsibility, dangerousness, and rarity of a mental illness (Feldman & Crandall, 2007; Anderson et al., 2015). When examined in the context of depression and schizophrenia, people tend to believe that individuals with schizophrenia are dangerous whereas they perceive depression to be a result of personal

weakness (Robinson et al., 2019), traits which increase desire for social distance (Anderson et al., 2015; Feldman & Crandall, 2007; Yap et al., 2014). Additionally, perceived unpredictability has also been associated with greater desire for social distance against people with a mental illness (Yap et al., 2014).

At the same time, several factors seem to mitigate negative perceptions of mental illnesses and thus reduce stigma and desire for social distance. First, gender seems to play an important role. Compared to men, women view depression as significantly more common, more unavoidable, and less the person's fault (Anderson et al., 2015). Thus, women seem to have fewer and weaker stigmatizing attitudes compared to men. Second, continuum beliefs versus dichotomous beliefs around mental illness play a role in desire for social distance and stigma as well (Buckwitz et al., 2021). As described by Buckwitz et al., a dichotomous perspective posits that having symptoms of mental illness places an individual into a separate, distinct category: either one is mentally ill, or they are "normal." A continuum perspective, in contrast, posits that everyone can experience symptoms of mental illness from time to time. For example, under this perspective, an individual who is showing periods of low mood (a symptom of depression) does not necessarily have depression. Instead, their current situation, environment, or state of being may simply amplify the feeling of low mood to a more pronounced but temporary state. Continuum beliefs are associated with less desire for social distance, less stigma, and less belief of dangerousness (Buckwitz et al., 2021; Peter et al., 2021). Finally, simply interacting with a person with a mental illness in a positive way can influence perceptions of mental illnesses. Having positive former contact with someone who has a mental illness is associated with increased continuum beliefs, less stigma, and less desire for social distance (Buckwitz et al., 2021).

All of these associations may be important in the context of a pandemic-stricken world. Amidst the COVID-19 pandemic, symptoms of mental illness have skyrocketed: 40.9% of people reported an adverse mental or behavioral condition, with 30.9% reporting anxiety or depression symptoms, 26.3% reporting trauma- and stressor-related disorder (TSRD) symptoms related to COVID, and 10.7% having seriously considered suicide (Czeisler et al., 2020). Young adults have undoubtedly suffered a disproportionately greater negative impact during the pandemic, as 74.9% of 18–24-year-olds reported an unhealthy mental or behavior condition (Czeisler et al., 2020). Given the sheer weight of these statistics, it is likely that most people know at least one loved one (friend, family, or coworker, for instance) presenting symptoms of mental illness. Since positive former contact with someone experiencing a mental illness is associated with decreased desire for social distance (Buckwitz et al., 2021), people may desire less social distance from people with mental illnesses overall because of their interactions with struggling loved ones.

Collectively, this increase in mental illness symptoms and presence on social media may have led to decreased negative perceptions and possibly the emergence of positive ones. As more people experience symptoms of mental illness or are in contact with people experiencing symptoms, these mental illnesses may be perceived to decrease in rarity, a factor which has been shown to increase desire for social distance (Feldman & Crandall, 2007). Furthermore, while no literature exists on the topic, continuum beliefs during the pandemic may have increased given that so many people without a formal mental illness diagnosis displayed symptoms of one. Finally, because 90% of individuals with self-identified mental health issues want to participate in online social media programs designed to help cope with mental health symptoms (Naslund, et

al., 2019), people struggling during the pandemic with their own mental health symptoms may have turned to social media to receive destigmatizing information and support.

While a wealth of literature on the negative perceptions of mental illnesses exists, little research focuses on the ways in which mental illnesses are perceived to be positive or to contribute to a person's character in a beneficial way, and hardly any literature exists on either negative or positive perceptions post-pandemic. One of the most notable, if not the only notable, positive connotations with mental illness is increased creativity, which has long been contested as an associated characteristic of mental illnesses (Kaufman et al., 2006). This stereotype of the "Mad Genius" may bring to mind famous and respected artists such as Van Gogh, Cobain, or Hemingway, all mentally ill creatives. Individuals are more likely to endorse the "Mad Genius" stereotype, defined in the study's questionnaire with the terms "mental illness," "schizophrenia," "depression," and "bipolar," if they *consider* themselves creative regardless of whether or not they actually are creative on objective measures (Kaufman et al., 2006). In other words, this result suggests that individuals who consider creativity as a personality trait relevant to themselves are more likely to believe that mental illness is associated with creativity.

The current study expanded on the past literature by focusing on how individuals may associate both positive and negative traits with mental illnesses. This study additionally examined how these associations relate to desire for social distance, trait self-relevancy, continuum beliefs, and positive former contact with a person with mental health problems. I hypothesized four relationships. First, participants would perceive a vignette character with depression more positively than a vignette character with schizophrenia. Second, participants would desire the greatest social distance from a vignette character with schizophrenia. Third, desire for social distance from a vignette character with a mental illness would be associated

with continuum beliefs; positive former contact with a person with a mental health problem; and perceived levels of dangerousness, irresponsibility, and unpredictability. Fourth, participants who view themselves as more creative would view a vignette character with a mental illness as more creative.

Method

Participants

Participants for this study were recruited via Sona (an online site through which students can participate in studies for extra credit in classes), the Butler Honors program listserv (a list of emails of all Butler students currently enrolled in the Butler Honors program), and personal connections. One-hundred-and-fifty undergraduate students took part in this study. Demographic characteristics of the participants are summarized in Table 1. Participants in the three conditions did not differ from each other significantly in their age, $F(2,147)=.390, p=.678, \eta_p^2=.005$, continuum beliefs, $F(2,147)=.21, p=.81, \eta_p^2=.003$, or number of psychology courses that they had taken at the high school or college level, $F(2,147)=0.97, p=.381, \eta_p^2=.01$. Additionally, the distribution of gender ($\chi^2 (n=150, df=8)=14.70, p=.065$), race ($\chi^2 (n=150, df=10)=13.60, p=.192$), past diagnosis with a mental illness ($\chi^2 (n=150, df=2)=3.90, p=.142$), participation in therapy ($\chi^2 (n=150, df=2)=0.65, p=.723$), and relationship with someone in treatment for a mental health problem ($\chi^2 (n=150, df=4)=3.93, p=.416$) was statistically equivalent across groups.

Materials

Vignettes

The vignettes, which were modeled after vignettes used in a study of ingroup and outgroup perceptions of people with mental illnesses (Douglas & Sutton, 2011), consisted of a

description of a 21-year-old college student. All vignettes provided a description of a person who participates in the common activities of that age demographic (such as going to the movies, hanging out with friends, and going to the recreation center). The gender of the vignette character was purposefully left ambiguous by using a gender-neutral name (S. Hedron) and they/them pronouns. The control vignette included a statement that the character has never had any physical or mental disorders and is generally healthy. The target vignettes included a statement that the character has had either schizophrenia or depression for the last three years. See Appendix. The individuals described in these vignettes are referred to as the control character (CC), the vignette character with schizophrenia (VCWS), and the vignette character with depression (VCWD).

Stock Characteristics of Other Scale

Developed for the present study, this scale measured the degree to which the participant perceived the vignette character as having each of nine characteristics (five positive, four negative) relative to the average person using a 5-point Likert scale (1: strongly disagree – 5: strongly agree). An example item includes: “Compared to the average person, S. Hedron is more kind.” The five positive traits included creativity, intelligence, kindness, thoughtfulness, and interestingness, and the four negative traits included dangerousness, irresponsibility, unpredictability, and apathy.

Social Distance Scale (Bogardus, 1925)

This 7-item self-report questionnaire, typically used to identify social rejection against specific groups, measured the degree to which the participant would desire to avoid or socially distance from an individual on a 7-point Likert scale (1: strongly disagree – 7: strongly agree). Questions focused on various social settings and relationships, including friendship, romance,

and workplace. Example items include: "I would like this person to come and work at the same place I do" and "I would like this person to be a close personal friend." Responses were reverse scored so that higher scores indicated a greater desire for social distance.

Stock Characteristics of Self Scale

Developed for the present study, this scale measured the degree to which the participant perceived themselves as having nine characteristics relative to the average person using a 5-point Likert scale (1: strongly disagree – 5: strongly agree). The characteristics mirrored those from the Stock Characteristics of Other Scale. An example item includes: "Compared to the average person, I am more kind."

Beliefs About Illness Scale (Norman et al., 2008)

This 4-item self-report questionnaire measured the degree to which the participant believes mental illnesses lie on a continuum using a 5-point Likert scale (1: strongly disagree – 5: strongly agree). This questionnaire included three items from Norman et al. (2008) and one reverse-scored item created by the author. An example item includes: "Normal people can have some of the symptoms of ****." Higher scores indicated a greater belief that mental illnesses lie along a continuum rather than being a dichotomous category.

Demographic Questionnaire

Participants provided information regarding their general demographics such as race, gender, age, and class standing. Further demographic questions asked whether the participant has ever been diagnosed with a mental illness, participated in therapy, known someone who has sought treatment for a mental health condition (and, if so, if their interactions with this person have been primarily positive or negative), and participated in psychology courses (and, if so,

how many). The questions measuring positive former contact were replicated from Buckwitz et al. (2021).

Procedure

Participants completed the anonymous online survey via the platform Qualtrics. The survey began with an informed consent, then participants read the vignette of the fictional character. They completed the Stock Characteristics of Other Scale, the Social Distance scale, the Stock Characteristics of Self scale and the Beliefs About Illness scale. Finally, they completed the demographic questionnaire. After they finished the survey, participants were thanked and received extra credit in their psychology courses, if applicable.

Results

Perceived Positive and Negative Traits of Vignette Characters by Condition

To evaluate the perceived positive and negative traits of vignette characters in each condition, I utilized two multivariate analyses of variances (MANOVAs), one evaluating positive traits and one negative. Condition, the specific vignette that the participant read, was the between-subjects independent variable.

The condition main effect reached significance for positive traits, $F(10,286)=7.74$, $p<.001$, $\eta_p^2=.21$. See Figure 1. An examination of the univariate analyses indicated a significant effect of condition for the traits of interesting ($F(2,147)=12.98$, $p<.001$, $\eta_p^2=.15$), thoughtful, ($F(2,147)=4.51$, $p=.013$, $\eta_p^2=.06$), and kind ($F(2,147)=9.17$, $p<.001$, $\eta_p^2=.11$) but not creative ($F(2,147)=2.61$, $p=.077$, $\eta_p^2=.03$) or intelligent, $F(2,147)=2.12$, $p=.124$, $\eta_p^2=.03$. Follow-up analyses with Tukey's test indicated that the VCWD was viewed as more thoughtful than the VCWS ($p=.004$) and CC ($p=.046$). Compared to the VCWD and CC, the VCWS was viewed as more interesting but less kind (all $ps\leq.001$).

The condition main effect also reached significance for negative traits, $F(8,288)=19.42$, $p<.001$, $\eta_p^2=.35$. See Figure 2. Univariate analyses showed a significant difference based on condition for all four negative traits: dangerous ($F(2,147)=24.36$, $p<.001$, $\eta_p^2=.25$), unpredictable ($F(2,147)=57.68$, $p<.001$, $\eta_p^2=.44$), apathetic ($F(2,147)=11.66$, $p<.001$, $\eta_p^2=.14$), and irresponsible, $F(2,147)=12.49$, $p<.001$, $\eta_p^2=.15$. Follow-up analyses with Tukey's test indicated the VCWS was viewed as more dangerous, irresponsible, and unpredictable than both other vignette characters (all $p_s<.001$). The VCWD was viewed as more apathetic than the VCWS ($p=.003$) and CC ($p<.001$), and more unpredictable than the CC ($p<.001$).

Perceived Desire for Social Distance from Vignette Characters by Condition

To examine whether perceived desire for social distance (DSD) depended on vignette character descriptions, I utilized a univariate analysis of variance with condition as an independent variable and DSD as a dependent variable. DSD differed significantly across conditions, $F(2,147)=4.51$, $p=.013$, $\eta_p^2=.06$. See Figure 3. Follow-up analyses with Tukey's test revealed that participants desired more social distance from the VCWS than the VCWD ($p=.007$) or the CC ($p=.016$), but that DSD did not differ between the VCWD and CC ($p=.810$).

Predictors of or Factors Related to DSD

I ran correlations to evaluate the relationship between the ratings of the vignette characters on the five positive and four negative traits and desire for social distance. Participants had greater DSD when vignette characters were perceived as more dangerous ($r=.347$, $p<.001$), irresponsible ($r=.405$, $p<.001$), and unpredictable ($r=.209$, $p=.010$) than the average person. Additionally, perceived thoughtfulness, kindness, and intelligence of the vignette characters reduced DSD. See Table 2 for complete list of traits correlated with DSD.

I ran correlations to evaluate the relationship between continuum beliefs and desire for social distance in each and across conditions. The participants' continuum beliefs did not significantly correlate with desire for social distance in the control condition ($r=-.040, p=.788$), in schizophrenia condition ($r=-.176, p=.221$), in the depression condition ($r=-.107, p=.449$), or across all conditions ($r=-.126, p=.126$).

To examine whether participants' positive former contact with a person with mental health problems was associated with desire for social distance from vignette characters in each condition, I first divided the sample into participants who knew someone who had been in treatment for a mental health problem versus those who did not. I then identified participants who had a positive experience with the person who had been in treatment. Because only 8 participants across all conditions had negative former contact, I did not include these participants in any analyses.

Once the sample had been divided between those who had positive former contact ($n=105$) and those who had no former contact ($n=30$), I utilized an univariate analysis of variance with condition and former contact as independent variables and DSD as the dependent variable. The main effect of former contact did not reach significance, $F(2,134)=0.259, p=.772, \eta_p^2=.004$.

Perceived Trait Self-Relevance of Vignette Characters by Condition

To examine the association between trait self-relevance and trait perceptions of the vignette character, I ran correlations for each trait and by condition. Participants in the depression condition who viewed themselves as more interesting were more likely to view the VCWD as more interesting ($r=-.458, p<.001$). This pattern also emerged for dangerousness ($r=.424, p=.002$), unpredictability ($r=.300, p=.031$), and apathy ($r=.456, p<.001$). No self-

relevance correlations reached significance for participants in the schizophrenia condition, but control condition participants' self-rated intelligence ($r=.374, p=.009$), dangerousness ($r=.313, p=.030$), and apathy ($r=.287, p=.048$) correlated with their ratings of the CC on the corresponding traits. See Table 3.

Role of Trait Self Relevance in Perceptions of Vignette Characters

To determine whether trait self relevance influenced ratings of the vignette characters on positive and negative traits, I wanted to assure that trait self-perceptions were evenly distributed across the three vignette character conditions. Self perceptions of eight of the nine traits were equally balanced across conditions, all $F_s(2,147) \leq 1.54$, all $p_s \geq .218$. The only trait that varied across groups was self-perceived apathy, $F(2,147)=3.20, p=.044$. Participants in the VCWD condition rated themselves as significantly more apathetic ($M=3.02, SD=1.00$) than those in either the VCWS condition ($M=2.48, SD=1.18$) or those in the control condition ($M=2.67, SD=1.58$).

To determine whether this difference influenced the way participants rated vignette characters, I ran a univariate analysis of variance with condition as the independent variable, apathy ratings of S. Hedron as dependent variable, and apathy self-ratings as covariate. Self-rated apathy was significantly related to ratings of apathy in S. Hedron, $F(1,146)=6.60, p=.011, \eta_p^2=.043$. However, the effect of condition remained significant ($F(2,146)=10.06, p>.001, \eta_p^2=.121$) even with the covariate included in the analysis.

Discussion

The goal of this study was to assess individuals' positive and negative perceptions of depression and schizophrenia and how desire for social distance relates to these perceptions, trait self-relevancy, continuum beliefs, and prior former contact with a person with mental health

problems. This study had four main hypotheses. First, I expected that participants would perceive the VCWD more positively than the VCWS, who would be seen most negatively of all the vignette characters. Second, I anticipated that if the first hypothesis was supported, then participants would have a greater desire for social distance from the VCWS than the other characters. Third, I hypothesized that continuum beliefs, positive former contact with a person with mental health problems, and perceived levels of dangerousness, unpredictability, and irresponsibility would be associated with desire for social distance from a vignette character with a mental illness (i.e., the VCWD or VCWS). Fourth, I expected that participants who view themselves as more creative would view the VCWD and VCWS as more creative than the CC.

Our results support my first hypothesis. Both the VCWS and VCWD were associated with both positive and negative traits, but the VCWD and CC were seen more positively than the VCWS. Specifically, the VCWD was perceived as the most thoughtful but also the most apathetic of the vignette characters whereas the VCWS was perceived to be the most interesting but the most dangerous, unpredictable, and irresponsible of the vignette characters. Such results support past literature, which found that depression has one of the lowest rates of stigma associated with it whereas schizophrenia has one of the highest (Robinson et al., 2019). Additionally, neither the VCWD nor VCWS were perceived as being any more creative or intelligent than the control, contradicting the “Mad Genius” stereotype of mental illness (Kaufman et al., 2006). Although these results suggest that people with mental illnesses are viewed, in general, more negatively than people without, they also suggest that perceptions of mental illnesses include positive aspects. Additionally, both the positive and negative trait associations vary in both quantity and intensity depending on the mental disorder.

Our second hypothesis was also supported. The participants predictably desired the most social distance from the VCWS. This result is consistent with past literature that found schizophrenia is greatly associated with dangerousness, irresponsibility, and unpredictability, which are traits that have predicted DSD in past studies (Feldman & Crandall, 2007; Yap et al., 2014). Because DSD can be understood as a behavioral component of stigma (Buckwitz et al., 2021), these results further suggest that participants had the greatest stigma against people with schizophrenia. However, participants did not desire significantly more social distance from the VCWD than the CC. This result is unexpected given that people tend to perceive depression as a result of personal weakness (Robinson et al., 2019; Reavley & Pilkington, 2014), which is a predictor of DSD (Feldman and Crandall, 2007). This may suggest that less stigma is associated with depression post-pandemic.

Our third hypothesis – which predicted that specific negative traits (dangerousness, unpredictability, and irresponsibility), continuum beliefs, and positive former contact would be associated with DSD – was partially supported. Results suggest that dangerousness, unpredictability, and irresponsibility did significantly predict DSD. However, continuum beliefs did not correlate with desire for social distance, which refutes part of my third hypothesis and, in fact, runs contrary to prior research (Buckwitz et al., 2021; Peter et al., 2021). Similarly, I found that positive former contact did not ameliorate desire for social distance, which also differs from prior literature (Buckwitz et al., 2021). Because this study replicated Buckwitz et al.'s measurement and analyses of positive former contact, this deviation from past literature cannot be explained by a change in methodology. A possible explanation for why neither continuum beliefs nor positive former contact related to DSD is that, in the current study, the vignette characters were described as college students, which neither Douglas & Sutton (2011), whom the

vignettes were modelled after, nor Buckwitz et al. (2021) did in their vignettes. As such, the participants, who were also college students, may have perceived greater similarity between themselves and the characters, resulting in a lower desire for social distance.

Our fourth hypothesis was not supported; creativity trait self-relevance did not relate to creativity trait perception of the vignette characters with mental illness, contradicting prior research which found that the more creative a person viewed themselves, the more likely they were to believe individuals with mental illnesses are also creative (Kaufman et al., 2006). However, for other traits, trait self-relevance did increase the likelihood of perceiving one's own characteristics in the CC or the VCWD but not the VCWS. Specifically, people who saw themselves as more dangerous or apathetic were more likely to rate the VCWD or CC as more dangerous or apathetic. Individuals who saw themselves as more interesting saw the VCWD as more interesting, and individuals who saw themselves as more intelligent saw the CC as more intelligent. None of the correlations reached significance for the VCWS. These results suggest that participants saw less of themselves in someone with schizophrenia than someone with depression or no diagnosis.

An unexpected finding not related to my hypotheses was that participants who read about the VCWD were higher in self-rated apathy than participants in the other two conditions. My data does not allow me to determine the direction of this relationship. It is possible that reading about the VCWD encouraged participants to rate their own apathy higher because they may have felt more comfortable admitting to their own apathy in the context of having read about a character who could also be perceived as apathetic. On the other hand, the finding that those who perceived themselves as more apathetic also rated S. Hedron as more apathetic could be an effect of trait self-relevancy similar to that documented in Kaufman et al. (2006) for creativity. It is also

interesting to note that participants' self-ratings on the other traits did not differ depending on the condition that they were assigned to. As an example, participants who read about the VCWS did not rate themselves higher in dangerousness or unpredictability. Additionally, trait self-ratings of apathy did not fully explain the differences in how S. Hedron was perceived on that same characteristic based on whether he was described as being diagnosed with depression, schizophrenia, or no disorder.

This study contributes to the current literature in a number of ways. By better understanding the different traits associated with mental illnesses, organizations concerned with mental health and illness can better engage with biases people have against and foster a more welcoming environment for individuals with mental illnesses. My results suggest that people see themselves in the VCWD or CC but not in the VCWS; thus, people may see the VCWS as different and "less like them." Knowing the ways in which people relate or do not relate to those with specific mental illnesses is crucial towards understanding how to manage and reduce stigma. Educational efforts regarding mental illnesses, particularly schizophrenia, may benefit from highlighting the similarities between those with a mental illness and those without.

Additionally, these results expand on the research of Kaufman et al. (2006) by identifying dangerousness, apathy, and interestingness as possible other "self-relevancy" traits that relate to perceptions of people with mental illnesses. Furthermore, an individual's perception of their own intelligence played a role in the likelihood of perceiving a healthy person as intelligent, which suggests that self-relevancy effects are not limited to perceptions of people with a mental illness. However, both the participants and the vignette character were college students, which may have increased self- and vignette-ratings of intelligence. Together, these results suggest that a person's

positive and negative perceptions of other individuals, including those with depression but not those with schizophrenia, influenced by a person's perception of themselves.

Limitations and Future Directions

Some limitations of this study do exist. First, because participants were primarily female, I cannot determine if these results can be generalized across gender. According to Anderson et al. (2015), women are more likely to view depression as less rare and less the person's fault, which are beliefs that decrease desire for social distance (Feldman & Crandall, 2007). As such, perceptions may have been more positive overall and desire for social distance lower in this study compared to past studies because it included fewer male participants. Second, 91.3% of participants across conditions had taken one or more psychology courses in the past ($M=3.66$, $SD=1.423$). Although the number of psychology courses was balanced across conditions, it is possible that due to their background in the topic, some participants had a greater understanding of or empathy for people with mental illnesses, resulting in more positive perceptions overall. Third, given that the vignettes explicitly stated that the character had depression or schizophrenia, people may have been conscious of the nature of this study and may have altered their answers in order to conform to social desirability. For example, they may have hesitated to admit negative views of a person with a mental illness, especially considering that many participants have taken psychology courses and thus may engaged in the psychology department. Furthermore, the vignettes associated S. Hedron with a specific diagnosis (i.e., depression or schizophrenia) instead of describing symptoms associated with these disorders. Thus, my outcomes reflect stigma associated only with the name "depression" or "schizophrenia." I constructed the vignettes this way to ensure that participants provided their perceptions of the specific disorders that I was investigating rather than incorrectly report perceptions for a

different disorder with overlapping symptoms. Additionally, describing symptoms of diagnoses in the vignettes may have explicitly included traits, such as a person with depression being apathetic, which I wanted to investigate as outcomes. Fourth, all nine traits were presented in the same order across questionnaires, which may have led to order- or carry-over-effects which I did not analyze in this study. Finally, in order to limit the number of calculations I ran, I did not investigate how continuum beliefs were associated with perceived dangerousness or positive former contact, relationships which have been found to be significant in prior studies (Buckwitz et al., 2021).

Future studies should investigate different negative and positive traits in relation to perceptions of those with a mental illness to further distinguish how these perceptions increase or decrease desire for social distance and stigma in general. Additionally, having more diverse participants may help determine how a person's social identities, such as race, gender, or religion, influence their perceptions of people with mental illnesses. Furthermore, more investigation of the role of trait self-relevancy in forming perceptions of those with a diagnosed mental illness may help psychologists better understand who is prone to form positive versus negative perceptions of those with a mental illness. Finally, including vignette characters who are more varied in social identities, such as age, occupational status (e.g., college student vs. working a job), race, or gender, could help determine how these individual differences affect people's perceptions of individuals with mental illnesses.

Conclusion

Modern-day perceptions of mental illnesses are not strictly negative. This study suggests that mental illnesses, specifically depression and schizophrenia, are associated not only with negative traits but also with positive characteristics. People generally perceive more negative

traits in someone with schizophrenia, resulting in greater DSD, and hold more balanced views of someone with depression, who is typically seen as more similar to a healthy individual.

Furthermore, trait self-relevancy plays a role in a person's perception of an individual with depression but not schizophrenia, which may have contributed to the VCWD being perceived more positively than the VCWS. By better understanding the factors that influence perceptions of and desire for social distance from individuals diagnosed with mental illnesses, mental health organizations can more effectively address negative perceptions that people hold against individuals with mental illnesses.

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Table 1

Demographic characteristics of participants who rated the vignette character with depression, the vignette character with schizophrenia, or the control character with no mental illness.

| Demographic Trait | Vignette Character with Depression (n=52) | Vignette Character with Schizophrenia (n=50) | Control Character (n=48) |
|---|--|--|---|
| Mean Age (SD) | 19.92 (2.52) | 20.16 (4.027) | 19.71 (1.11) |
| Gender | 88.0% Female 7.7% Male 0% Nonbinary 0% Other Identity 3.8% Prefer not to answer | 82% Female 8% Male 8% Nonbinary 2% Other Identity 0% Prefer not to answer | 79% Female 18.8% Male 2% Nonbinary 0% Other Identity 0% Prefer not to answer |
| Race | 90.1% White 0% Black 5.8% Asian 1.9% Hispanic 1.9% Multiracial 0% Other | 88% White 0% Black 4% Asian 0% Hispanic 6% Multiracial 2% Other | 81.3% White 4.2% Black 2.1% Asian 8.3% Hispanic 2.1% Multiracial 0% Other |
| Mental Illness Diagnosis | 61.6% Yes 38.4% No | 42% Yes 58% No | 52.1% Yes 47.9% No |
| Mean Continuum Beliefs (SD) | 16.71 (2.18) | 16.44 (2.16) | 16.56 (1.97) |
| Mean Number of Psychology Courses (SD) | 3.56 (1.49) | 3.54 (1.47) | 3.90 (1.29) |

Table 2

Relationships between perceived positive traits (left column) and negative traits (right column) of the vignette character and desire for social distance

| Desire for Social Distance | | | |
|----------------------------|---------|------------------|--------|
| Positive Traits | | Negative Traits | |
| Interestingness | -.114 | Dangerousness | .347** |
| Thoughtfulness | -.219** | Unpredictability | .209* |
| Creativity | -.069 | Apathy | .005 |
| Kindness | -.228** | Irresponsibility | .405** |
| Intelligence | -.183* | | |

* $p < .05$ level

** $p < .01$ level

Table 3

Relationships between ratings of self-relevant traits and ratings of vignette character traits by condition

| Character Trait | Self Rating of Same Trait | | |
|------------------|------------------------------------|---------------------------------------|-------------------|
| | Vignette Character with Depression | Vignette Character with Schizophrenia | Control Character |
| Positive Traits | | | |
| Interestingness | .458** | .213 | .013 |
| Thoughtfulness | .137 | .167 | .154 |
| Creativity | .153 | -.120 | .052 |
| Kindness | .141 | .224 | .091 |
| Intelligence | .222 | -.086 | .374** |
| Negative Traits | | | |
| Dangerousness | .424** | .006 | .313* |
| Unpredictability | .300* | -.014 | .075 |
| Apathy | .456** | -.134 | .287* |
| Irresponsibility | .074 | .058 | -.019 |

* $p < .05$ level

** $p < .01$ level

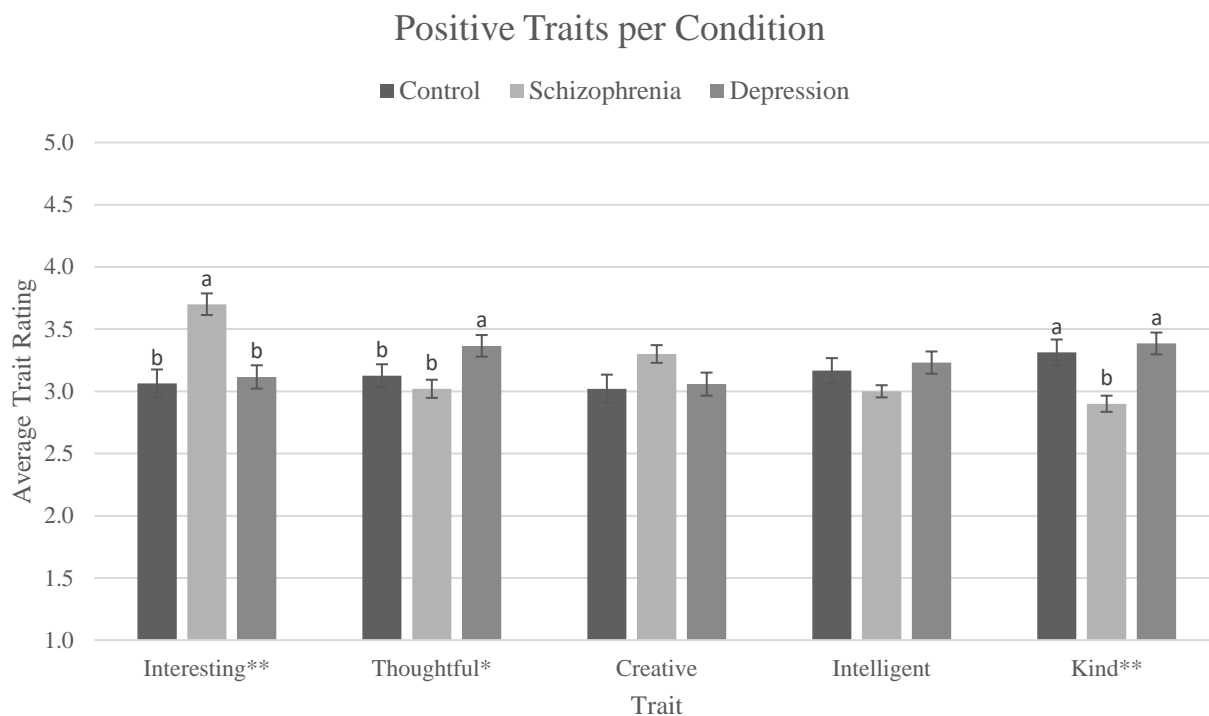


Figure 1: Average rating of perceived positive traits of the vignette characters across the control (dark gray bars), schizophrenia (light gray bars), and depression (medium gray bars) conditions. Differing superscripts indicate means that differed across conditions, where one asterik indicates all $ps < .05$ and two asteriks indicate all $ps < .001$.

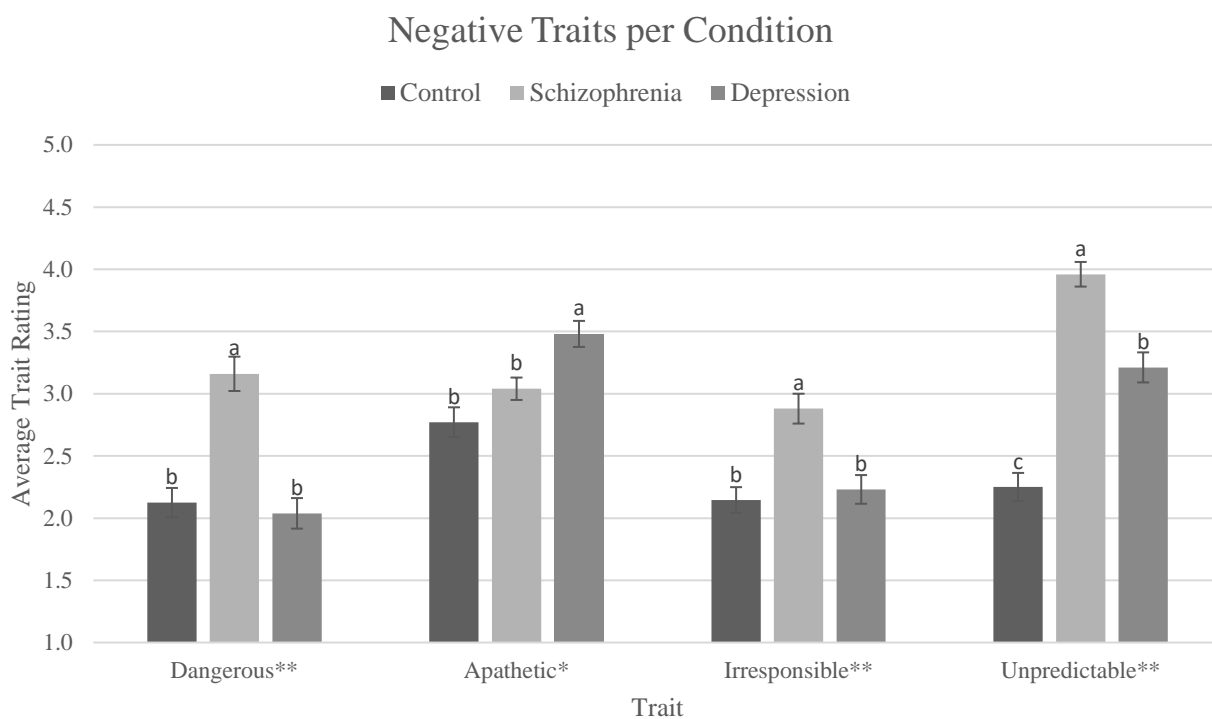


Figure 2: Average rating of perceived negative traits of the vignette characters across the control (dark gray bars), schizophrenia (light gray bars), and depression (medium gray bars) conditions. Differing superscripts indicate means that differed across conditions, where one asterik indicates all $ps < .05$ and two asteriks indicate all $ps < .001$.

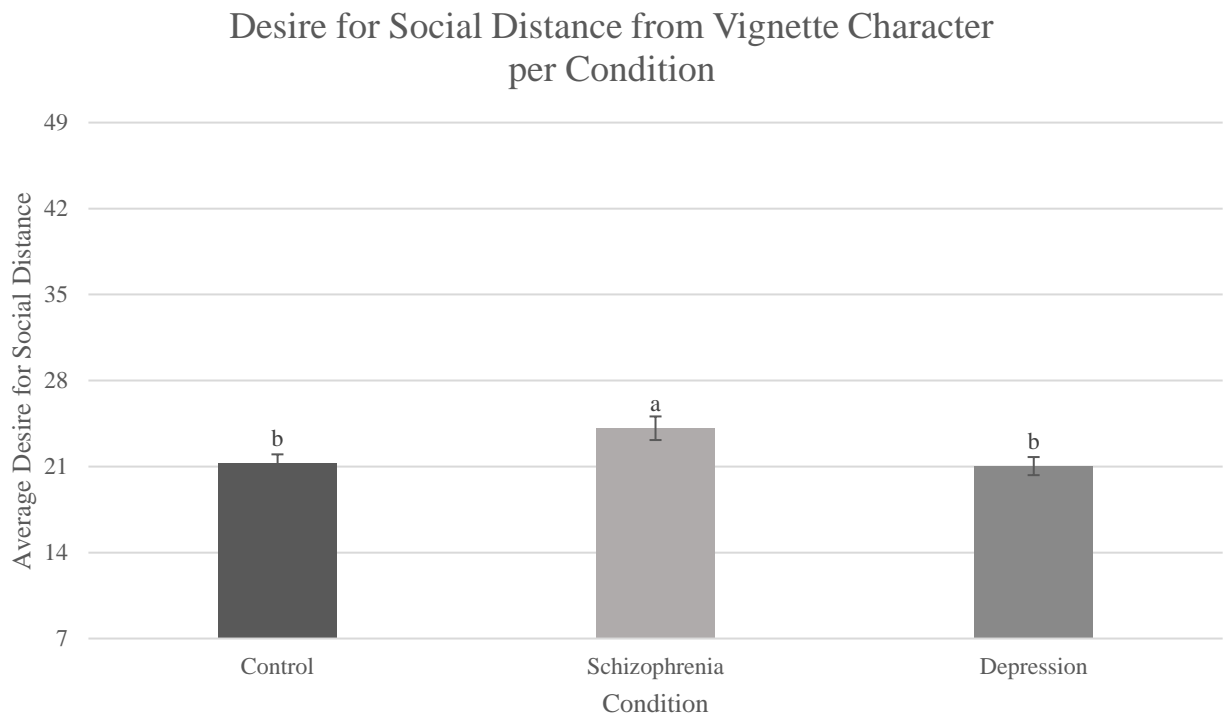


Figure 3: Average desire for social distance from the vignette character across the control (dark gray bars), schizophrenia (light gray bars), and depression (medium gray bars) conditions.

Higher ratings indicate a greater desire for social distance. Differing superscripts indicate means that differed across conditions ($p < .05$).

Appendix

Vignettes

Control Character

S. Hedron is a 21-year-old student. Hedron enjoys going to the movies, hanging out with friends, and going to the recreation center in their spare time. They have never had any physical or mental disorders and are generally healthy.

Vignette Character with Schizophrenia

S. Hedron is a 21-year-old student. Hedron enjoys going to the movies, hanging out with friends, and going to the recreation center. They have never had a physical disorder but have had schizophrenia for the last three years.

Vignette Character with Depression

S. Hedron is a 21-year-old student. Hedron enjoys going to the movies, hanging out with friends, and going to the recreation center. They have never had a physical disorder but have had depression for the last three years.