

EXPLORING THE IMPACT OF MEDIA CONSUMPTION ON INTERPERSONAL  
INTERACTION INTENTIONS: AN EXAMINATION OF THE SOCIAL EFFECT OF  
EXPOSURE TO MENTAL ILLNESS

BY

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## **ABSTRACT**

I propose a technique for analyzing the influence of media consumption on social inclinations pertaining to those depicted, an effect which scarcely receives the attention for which it is exceptionally deserving. Via the explication of principal concepts regarding social dispositions and inclinations, and describing how existing psychological and media effects theory can be utilized to predict how media exposure could influence interpersonal inclinations, I produce a model of mediated interaction intentions. Furthermore, I offer an experiment in which various forms of media exposure – all of which would theoretically increase the accessibility of negative conceptions of individuals with mental illness – are examined with regard to their ability to inform social stigma and prejudice perceptions. Those perceptions are then assessed, via mediation modeling, for their impact on interpersonal interaction intentions.

The findings are discussed in terms of their support for my overall predicted model. Additionally, where support is observed, particular implications of those findings will be discussed. Where support is not observed, speculation about why expectations were not met will be provided. This dissertation will contribute to the field of media effects research by attempting to provide a holistic account of the impact of media messages on social inclinations by exploring the psychological mechanisms by which depictions indirectly influence interaction intentions. Ultimately, I attempt to provide a model which will be useful to future researchers concerned with the influence of media messages on interpersonal interaction. Though future refinements are likely necessary to enhance the prediction value of this model, it should lay the groundwork for a nuanced conceptualization of the impact of media on social outcomes.

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## CHAPTER 1

### INTRODUCTION

Most people routinely engage in a number of interpersonal interactions on a given day. The people with whom we interact may range from close others to complete strangers. The goals and barriers related to participation in such social behavior may vary greatly, as well. The manner in which we come to associate specific goals (e.g., attaining a certain benefit or evading a particular consequence) and barriers (e.g., loss of status or reputation in one's environment due to social interaction) with the notion of interacting with particular people, or groups of people, plays a vital role in influencing our interaction decisions (Falk, 2001). Thus, our attributional perceptions of others influence how we feel about interacting with them. Underlying this premise are several points that warrant attention. What types of perceptions are most significant with regard to understanding influences on social intentions and behaviors? How can negative or positive perceptions of others change or be made more or less accessible? What role do external forces, such as mediated messages, serve in one's engagement in social interaction? The manner in which mediated experiences could potentially result in social consequences merits further scrutiny because it has implications for the number, variety, and quality of connections that we will make in our lifetimes.

Media messages are ubiquitous. We are surrounded by them at our jobs, in our homes, and even in public areas such as parks and highways. If media consumption can influence our social behavior, it is imperative that we explore the underlying mechanisms through which this phenomenon would occur. There could be a range of social consequences that occur as a result of exposure to messages portraying a particular social group in a particular fashion. Specific patterns of media consumption may be partially responsible for the engagement in hate or

discriminatory practices. Similarly, other patterns of media consumption may contribute to a desire to engage in more pro-social behavior as well as efforts to seek out the company of dissimilar others. Researchers have long discussed how exposure to certain portrayals in the media have the potential to influence beliefs and attitudes about other people, and even oneself (Morgan & Shanahan, 2010). For example, Dixon (2008) demonstrated that crime news consumption can lead people to develop beliefs about African-Americans being violent. Similarly, Angermeyer, Dietrich, Pott, and Matschinger (2005) observed that public attitudes toward schizophrenics worsened sharply following reports of two individuals with schizophrenia being involved in a major violent crime. Though the aforementioned media-influenced perceptions could clearly have implications for social behavior, media effects researchers too rarely focus specifically on the ways in which media could have an impact on these interpersonal tendencies.

### **Why social interaction as a media effect?**

Social interaction can be a taxing endeavor. When people interact with others, the process often involves countless conclusions that must be drawn and choices that must be made. Do I want to talk to this stranger in front of me? Is it worth the time to pursue developing a relationship with this acquaintance? Do I feel at ease in this conversation? Will this other person and I find any common ground? Although not all of these questions may be posed in every interaction, and some of them may occur on a somewhat unconscious level, we most often seek to answer questions like these as quickly as possible with the information that is most readily available (Link & Phelan, 2001). Heuristics (i.e., mental short-cuts) are formed around cues such as attractiveness, body-type, race/ethnicity, or observable behaviors to help expedite information processing. People use them in order to draw conclusions so that quick decisions



can be made about who a person is and whether – as well as how – to interact with a given person or group of people (Falk, 2001). There is a near-limitless number of potential sources of information that can influence a given person's heuristics. Both personal and anecdotal life experiences are capable of serving this function. Whereas personal experiences are limited to one's own encounters, anecdotal experiences can take the form of stories told by others in one's environment or something that is communicated through the media.

Not often examined, and therefore discussed, is how these anecdotal experiences from the media can influence our intentions regarding interpersonal interaction, actual interaction behaviors, and how we make sense of our interactions with others. Media exposure can form the basis of, alter, or reinforce what we know and how we feel about each other (Morgan & Shanahan, 2010). One way we can better understand how media may influence our intentions to interact with others is through examining how popular portrayals of groups of people may influence how we subsequently evaluate those people. Additionally, it is vital to examine how these portrayals may indirectly influence (via various evaluative perceptions) engagement in future interpersonal interactions with certain people. If media consumption has the capacity to affect social behavior in this manner, it is imperative that we understand the nature of the mechanisms underpinning the phenomenon.

### **Social group perceptions: Individuals with mental illness**

In my examination of this potential social effect of media, I am giving specific attention to those with mental illness, as a social group. My examination of responses to this social group serves as a test case for assessing conceptual model of mediated interpersonal interaction intentions. Throughout this dissertation I discuss research pertaining to portrayals and consumption effects related to this social group, but it is worth mentioning that this is only a

context within which I explore the broader phenomenon (i.e., effects of media exposure on social inclinations). Though there are myriad social groups who could encounter interpersonal hostility or avoidance, in part, as a result of media portrayals (e.g., cigarette or drug users, minorities, gay and lesbian individuals), mental illness is a set of conditions that are ubiquitous. It, and its accompanying stigma, could potentially be experienced by anybody. Indeed, one in four adults experience some form of mental illness in a given year (Duckworth, 2013). These disorders range from mild to severe.

The definition of mental illness (MI) is dependent on the particular expert, historical period, or culture in which it is considered. Whereas the meaning behind the concept may initially appear obvious to some, upon further consideration many realize how nebulous it can be. The *Stanford Encyclopedia of Philosophy* defines mental illness as disturbances in thoughts, experiences, or emotions potent enough to cause functional impairment in one's work or social well-being (Perring, 2010). More precise definitions are typically viewed to be a matter of individual philosophy. For example, some experts consider mental illness to be an aberration from an evaluator's subjective judgments of normality, whereas others are prone to believe that mental illness classifications should be more objective in nature. Mental disorders commonly viewed as exemplifying mental illness include those of a delusional, mood, or anxiety variety (e.g., schizophrenia, bipolar, and obsessive-compulsive disorder, respectively), of which the latter two have been associated with the highest prevalence (Kessler et al., 2005).

Whereas some people have discussed MI and mental disability (MD) as similar forms of psychopathology, many contemporary experts distinguish between these conditions. Mental disability (also frequently referred to as developmental disability) is characterized by cognitive impairments in language, learning, movement, and overall potential for independent living

(Chaplin, 2004). Notable conditions that are associated with MD include Down syndrome, autism, and cerebral palsy (Daily, Ardinger, & Holmes, 2000). There are several important points of differentiation between MI and MD that merit consideration (Mental Health Europe, 2007). MD is generally congenital and associated with lifelong developmental needs (depending on the severity), whereas much MI can be cured or stabilized with medication and/or therapy. The onset of MD is generally not due to social or psychological causes, whereas MI can be triggered by these types of factors (e.g., the death of a loved one or some other traumatic experience). Thinking deficits associated with MD are generally viewed as a result of cognitive-based, intellectual impairment. With regard to MI, these deficits are associated with atypical reasoning derived from potentially aberrant priority or value systems. Though there are notable differences between these conditions, those who suffer from MD have been observed to suffer from MI at three to six times the rate of the general population. As a result of these co-occurrences, there is frequent collaboration among health practitioners who specialize in the treatment of these conditions (Yeager, Cutler, Svendsen, & Sills, 2013). Though perceptions about these two conditions may potentially be influenced by mediated depictions in similar ways (and even be conceptualized equivalently by some people), MI is the focus of this project.

**Mental illness and the mass media.** Of those who commit suicide, on average, over 90% or more were previously diagnosed with one or more mental disorders (Duckworth, 2013). This is to say that there is an extraordinary capacity for having a MI to be associated with experiencing major challenges in everyday living. Potential reasons for this association could plausibly include impaired reasoning, despair attributed to the condition, perceptions of stigma, or social isolation. Media portrayals of MI have long been associated with negative characteristics which could conceivably, in part, give rise to many of these negative perceptions

of stigma, isolation, and despair. Wahl (1992) conducted a review of mental illness depiction research involving television programs, movies, and magazines dating back to the 1950s and found the portrayals were largely unfavorable. Stout, Villegas, and Jennings (2004) conducted a review of research examining portrayals since the time of Wahl's (1992) review and found that not only were the mediated depictions of MI negative, but they argued that many Americans utilized these outlets as their primary source of information about MI. Other analyses of the state of MI depictions in the media (Benbow, 2006; Diefenbach, 1997; Stout, Villegas, & Jennings, 2004; Stuart, 2006; Wilson et al., 1999) have reached very similar conclusions: Those with MI are routinely depicted as violent, dangerous, and unpredictable.

Though depictions of individuals with MI are frequently negative, it is possible that these negative depictions are, in fact, an accurate depiction of reality. If this was the case, the argument could be made that these portrayals—though negative—could hold utility for the public by informing them of potential risks to their well-being. This, however, is not the case; popular depictions are distorted in a number of ways. Routinely, language that is biased and charged has been utilized to describe people with MI (Caputo & Rouner, 2011, Hinnant, 2009). Moreover, researchers have noted that disorders that are more sensational, yet rare, are disproportionately implemented in various media messages (e.g., dissociative identity disorder, and anterograde amnesia; Perkis et al., 2006). Though messages persist which overwhelmingly characterize those with MI as dangerous and violent, evidence suggests that, “the absolute risk of violence among those with a mental illness is low and individuals with a mental illness are responsible for only a small proportion of the violence in society” (Allen & Nairn, 1997, p. 376). Thus, members of this social group are being presented to media consumers in ways that are not

warranted, but that hold the capacity to be extraordinarily harmful on social perceptions aimed toward those who already suffer from a health condition.

Arguably as a result of these longstanding negative portrayals, when people are asked to describe MI, they have been observed to routinely discuss it in terms of its most severe manifestations (Yeager, Cutler, Svendsen, & Sills, 2013). This is the case even though data suggest that nearly 80% of those suffering from some form of MI experience moderate to mild symptoms (Kessler et al., 2005). The potential ramifications of these perceptions on the social experiences of the vast majority of victims of MI, not exhibiting severely negative behavior (i.e., dangerous and violent), is obvious. When a person is described as having experienced mental illness (even when moderate to mild), he/she may experience avoidance or persecution from others due to overarching perceptions the public gains from exaggerated or distorted depictions of these disorders.

The role of media messages in such a phenomenon is potent. In one study, survey results revealed that individuals utilizing television as a source of information about schizophrenia more frequently endorsed beliefs about the unpredictability and danger of those suffering from the disorder when compared to those who used television comparably less often (Levey, Howells, & Levey, 1995). Indeed, a number of researchers have observed that people who are more often exposed to mediated depictions of those with MI typically indicate the highest degree of prejudice and stigma toward this social group (see Klin & Lemish, 2008). Furthermore, Angermeyer and colleagues (2005) found that two years following the airing of news reports of schizophrenics attempting to assassinate a public official, preferences for social distance were still higher than before the incident. This finding illustrates a clear potential for long-term social

effects that can result from exposure to these dangerous portrayals of MI, and the circulation of these mediated conceptions of these disorders through society.

### **Gaps in the research warranting exploration**

Though there is research supporting the idea that popular MI depictions result in various negative outcomes, media effects researchers need to probe the mechanisms by which various patterns of media exposure can influence social perceptions and intentions. A lack of clarity about the mechanisms by which media exposure can have an effect is a drawback that has limited the utility of classic theoretical media effects formulations, including cultivation theory (Morgan & Shanahan, 2010). The current landscape of research concerning the impact of media messages on perceptions of those with MI is somewhat disorganized with regard to the various predicted effects and their relationships to one another. Increasing the clarity of concepts and their relationships will help researchers explain existing phenomena and predict future iterations.

Many theories in media effects research, and other social-psychological domains, offer perspectives which could be highly informative regarding how media may influence interpersonal interaction decisions and behaviors. I endeavor to build a model that is useful for examining the varied aspects of a process that runs from media exposure, through evaluation tendencies, to behavior-related consequences. To clarify, the types of interpersonal interaction intentions of concern in this dissertation pertain to one's desire to engage in interaction with another individual as well as one's behavioral tendencies (e.g., the degree of cooperation, hostility, agreeableness, etc.) during interaction.

Media priming theory will provide an overarching conceptual framework for assessing how media consumption can influence perceptions of others. If a disparaging message about an individual with a MI is presented frequently, recently, or in a vivid manner, the message

characteristics could be expected to become more accessible in the mind of the viewer. Furthermore, a media priming approach would predict that these message-types would be likely to filter subsequent interpretations of this group of people (Berkowitz, 1984). If these messages are sufficiently rampant or vivid, beliefs that other people in one's environment hold similar views about such instability, with regard to people with MI, would increase, reinforcing social stigma toward this group. Furthermore, the negative evaluation of those beliefs might facilitate an intensification of prejudice and other negative attitudes toward this group of people. With both prejudice toward a particular group of people and perceived norms of social stigma made salient, elements of the reasoned-action approach could be utilized to predict that pro-socio-behavioral intentions would decrease.

Various studies have examined the association of exposure to mental illness depictions with beliefs (e.g., Wahl & Lefkowitz, 1989), attitudes (e.g., Angermeyer et al., 2005), and (least of all) socializing preferences (e.g., Siltan et al., 2011). No attempt has yet been made, however, to trace experimentally the mechanisms by which exposure can influence a person's interpersonal interaction comfort (e.g., social distance) via social perceptions (i.e., beliefs and attitudes). Such an endeavor would represent a uniquely holistic approach to assessing the impact of group portrayal on various social inclinations. Moreover, this approach is aimed at allowing researchers to discern the precise manner in which social perceptions influence one another following mediated exposure to a group portrayal.

### **Preview of chapters**

In the following chapters I propose a technique for analyzing the influence of media consumption on social inclinations pertaining to individuals with MI. In chapter 2, I explicate the concepts regarding various social dispositions and inclinations which can be expected to

serve critical roles in the relationship between media consumption and subsequent social inclinations. Moreover, I provide a thorough treatment of how these concepts have been used in past media effects research. In some areas, a lack of congruity in the usage of particular terms requires a conceptual reconciliation for the purpose of theoretical utility.

In Chapter 3, I describe how existing psychological and media effects theory can be utilized to predict how media exposure could influence interaction intentions. Moreover, I provide empirical evidence to support the existence of various theoretical relationships which will form the basis of my model of mediated interaction intentions. The application of these theoretical approaches to the context of interpersonal media effects requires adaptation of particular principal constructs in order to optimize their utility in an interpersonal paradigm. Wherever adaptation is necessary, I justify my decisions with conceptual arguments predominantly made by other scholars in the relevant domain, but also with some of my own devising. Finally, in chapter 3, I outline my hypotheses and an overall model which explicitly states my predictions with regard to message consumption and its relationship with principal social perceptions and inclinations.

In Chapter 4, I offer an experiment in which various forms of media exposure – all of which would theoretically increase the accessibility of negative conceptions of individuals with MI – are examined with regard to their ability to inform social stigma and prejudice perceptions. Those perceptions are then assessed, via meditation modeling, for their impact on interpersonal interaction intentions. In order to enhance external validity, this experiment is conducted among both a student sample in a laboratory and a non-student, broad selection of individuals recruited via the online survey service *Amazon Mechanical Turk*. In order to enhance internal validity, my stimulus clips are pre-tested among members of each population of interest. Given that the



assessment of perceptions regarding potentially disadvantaged populations carries the possible risk of socially desirable response biases, I employ controls and implicit measures of various social perceptions (to accompany the more explicit measures) in order to mitigate these demand characteristics.

In Chapter 5, I analyze the data collected and assess support for my hypotheses. In some cases, the assessment of support for the hypotheses requires an examination of several indicators of a single phenomenon (e.g., frequency of consumption of negative MI depictions). Tables and figures are provided in order to organize and clarify particular findings. Again, these data will be divided along sample dimensions with analyses bearing on patterns observed in the student sample and analyses pertaining to trends revealed in the Mechanical Turk sample.

Finally, in Chapter 6, the findings are discussed in terms of their support for my overall predicted model, the various individual hypotheses, and the theories from which my predictions are drawn. Additionally, where support is observed, particular implications of those findings will be discussed. Where support is not observed, speculation about why expectations were not met will be provided. Lastly, potential limitations will be addressed, as well as directions for future research in the domain of interpersonal media effects.

In this dissertation I contribute to the field of media effects research by proposing a synthesis of elements of existing media effects (i.e., media priming theory) and psychological theory (i.e., expectancy-value theory and the reason-action approach). Furthermore, I utilize this conceptual synthesis to develop a model designed to provide a holistic account of the impact of media messages on social inclinations, an account notably missing in the extant literature. The objective of this conceptual formulation will be to improve the study of media's impact on social interaction intentions by exploring the psychological mechanisms by which depictions of MI

indirectly influence interaction intentions. I examine the effect of consumption of media messages on cognitions and attitudes that participants hold about people with MI as well as intentions to interact with members of this social group. I test a mediation model in which media exposure influences interpersonal interaction intentions via various social perceptions. Ultimately, I attempt to provide a model which will be useful to future researchers concerned with the influence of media messages on interpersonal interaction, an effect which scarcely receives the attention for which it is exceptionally deserving. Though future refinements might be necessary to enhance the prediction value of this model, it should lay the groundwork for a holistic conceptualization of the impact of media on social outcomes. Moreover, the development of the model was performed with the goal of maintaining generalizability with regard to subsequent examination of the interpersonal effects of media consumption in relation to various other social groups (i.e., race-, sex-, or behavior-based) beyond those with mental illness. Such a conceptual and empirical tool could pave the way for increasingly precise and edifying clarifications of this phenomenon of interpersonal media effects. The progression of this research could inform researchers and the public about the types of messages that could have social outcomes, what forms those social outcomes may take, and how to enhance the pro-social capacity of media messages consumed worldwide.

## CHAPTER 2

### CONCEPTUAL REVIEW

If common portrayals are prompting and/or sustaining perceptions that may inhibit quality interactions with other people, it is necessary to examine what forms these portrayals may take and make suggestions toward possible remedies. An essential step is to explore how inclinations toward various types of social behavior can be indirectly affected by media messages and how this relates to changing perceptions about social groups (e.g., social beliefs and social attitudes). Research demonstrating the impact of media on behavioral intentions has arguably not received as much attention as that concerning the influence of consumption on various beliefs and attitudes. Studies examining the impact of media on socio-behavioral intentions, however, are truly scant. Therefore, this topic area warrants an increased emphasis in the media effects discipline and is the focus of the present line of inquiry regarding media consumption and our social selves.

In particular, I examine how depictions of people with a mental illness (MI) influence the social outcomes they may experience. This social group is worthy of distinction due to the fact that MI can potentially be experienced by anyone. Indeed, roughly a quarter of adults will experience some form of MI in a given year (Duckworth, 2013). This is to say that the social outcomes of exposure to this group have a large capacity to affect a large portion of society as victims of MI, and an even larger portion of society who have loved ones experiencing MI. Research assessing the quality of the portrayals of those with MI is widespread and has largely reached the broad consensus that people with MI are routinely depicted as violent, dangerous, and unpredictable (Benbow, 2006; Diefenbach, 1997; Stout, Villegas, & Jennings, 2004; Stuart, 2006; Wilson et al., 1999). Moreover, researchers have noted that these portrayals distort reality

by overrepresenting characterizations which are sensational and negative (Allen & Nairn, 1997; Caputo, 2011; Perkiš, et al., 1997). There are clear implications regarding public consumption of this material on the social experiences of people who have a MI. A necessity, then, is to examine—on a conceptual level—the social consequences of the current media landscape for media consumers and members of this social group. In this chapter I provide detailed descriptions of the concepts and theoretical approaches that potentially hold important utility in the examination of the social effects of media consumption. Furthermore, I explore the research pertaining to these chief concepts, which I argue serves to support their utility in my endeavor. By synthesizing theory accounting for the influence of media consumption on perceptions, and theory expounding upon the influence of perceptions on behavior, I produce a unified model which, when placed in a social context, predicts interpersonal interaction intentions. What follows is a detailed treatment of the principal concepts integral to my model of mediated interpersonal interaction intentions. Subsequently, I will discuss relevant theoretical frameworks which form the basis of this interpersonal media effects model.

### **Key concepts and terms**

**Social beliefs and opinions.** People are constantly evaluating objects in their environment (Ajzen, 2001). We frequently make judgments such as, “It’s too hot outside,” “This department store music is annoying,” or “The traffic was light today.” Moreover, we have pre-existing evaluations that we access when we want to quickly reach a decision (e.g., “Highways are bad during rush hour so I will take side roads”). Fishbein (1963) defines beliefs as “the probability dimension of a concept” (p.233). They are what people hold to be true about the existence of an object as well as the presence of specific qualities with regard to an object. Beliefs may be more factual in nature (e.g., “The sun is a star”) or more evaluative in nature

(e.g., the aforementioned commentaries on the weather, department store music, and traffic). Therefore, beliefs may be considered factual knowledge when viewed as more objectively true and opinion when the information content could be considered more subjectively true (Hindman, 2012).

One specific variety of evaluative belief -- which people are prone to form and subsequently access -- pertains to what we hold to be true about specific classifications of people. A person might believe that the elderly are grumpy, for example, or that children are loud. Furthermore, a person could hold negative views about minorities or those with a mental illness (MI) due to underlying (though independent) beliefs that each of these groups of people are dangerous. When particular beliefs about traits are ascribed to a whole group of people (ignoring variation within), especially by numerous members of one's environment, they are often labeled stereotypes (Allport, 1954). Stereotypes frequently take the form of beliefs that may be viewed as negative in nature, though they need not always be negative. For example, whereas the elderly may, for some, be viewed as stereotypically grumpy, they may also be viewed as wise due to their wealth of experiences. Both of these perceptions could be viewed as common stereotypes about the elderly. A negative evaluation, then, is not integral to the classification of a belief as a stereotype.

A number of media effects frameworks predict that media exposure can have an impact on a wide range of beliefs (e.g., cultivation theory; Gerbner, Gross, Morgan & Signorielli, 1986). With regard to expectations about the social institution of marriage, research has revealed that media consumption can influence whether individuals are more likely to expect positive traits (e.g., always knowing what your partner is feeling; Segrin & Nabi, 2002) or negative traits (e.g., partner committing an infidelity; Woo & Dominick, 2001). These differences in perception were

largely found to depend on the degree to which individuals consumed particular genres of television programming (romance or day-time talk show, respectively). Additionally, in a study by Ferris and colleagues (2007), researchers observed that consumption of reality television dating programs influenced perceptions about opposite-sex dating partners and appropriate dating behaviors. First, a content analysis indicated that common themes in dating shows included the concept that dating is a game and women are sex objects. Then, survey results revealed that, after controlling for dating experience, heightened consumption of dating reality programming by men was associated with beliefs about dating and women which were significantly more in line with the patterns of those previously mentioned themes. Thus, Ferris and colleagues (2007) provide some support for the notion that media consumption may influence both what we hold to be true about one another and our social activity. Even though media exposure can influence the activation of various beliefs about others, potentially more concerning is the manner in which patterns of consumption can influence our overall evaluation of other people, or groups of people. To expand upon this consideration, I turn to a discussion of social attitudes and the potential for media exposure to influence these evaluations.

**Social attitudes.** With regard to attitudes, researchers have long noted how particular common portrayals of groups of people can influence attitudes toward members of that group. Though various beliefs may have an evaluative component to them, taken alone, they are generally not sufficient for understanding and predicting a person's overall evaluation of a particular target object. For example, a person may believe that amusement parks have very long and tedious lines but still like amusement parks and the notion of attending them. With regard to potential social interaction, a person could also think that the elderly, for instance, are gentle and charitable but nevertheless associate this social group, as well as the notion of prolonged

interaction with this group, with a negative valence. The valence of one's total evaluation with regard to some target object, person, or idea can be defined as one's attitude toward the target (Fishbein, 1963). In the previously discussed study by Woo and Dominick (2001), the authors noted how consumption of day-time talk shows influenced attitudes regarding American relationships. The impact of media consumption on attitudes occurred in a similar fashion as the influence of this programming on beliefs (i.e., attitudes became increasingly negative due to various heightened expectations about negative outcomes). They noted that, as consumption of this genre of television programming increased, respondents indicated less favorable attitudes toward American romantic, spousal, and family relationships.

Social attitudes are an important social perception to examine because the attitudes one holds toward members of a particular social group can reasonably be seen to influence one's interaction intentions with regard to that group. When prejudice occurs, attitudes toward a social group are more negative and generalized across its members (Allport, 1954). As a person indicates that he/she perceives of members of a particular social group with more or less favorability, so too can it be said that he/she is giving an account of the level of prejudice he/she holds toward that group. In a landmark series of studies, Dixon was able to demonstrate that African-Americans were overrepresented in news coverage as criminals (Dixon & Linz, 2000). One consequence of such overrepresentation was that people who consumed larger amounts of news had more fear of this group of people and were more likely to perceive them as intimidating and violent (Dixon, 2008a; 2008b). These studies provide support for the notion that media consumption may influence how we affectively evaluate each other.

In another study, Wahl and Lefkowitz (1989) analyzed the influence of media consumption on attitudes regarding a different type of social group. They conducted an

experiment to assess the impact of a television movie on perceptions regarding those with MI. The study featured three conditions. Participants in the first condition viewed a television movie, based on real events, depicting a person with MI killing his wife after being given a day-pass from a mental health facility. Participants in the second condition were additionally exposed to a trailer for this movie that described its overall premise and also mentioned the fact that the perpetrator had not been violent for most of his life. A third group watched a movie with comparable amounts of violence but with no mental illness element. Those subjects exposed to the television movie depicting mental illness exhibited harsher attitudes and expressed less sympathy for those with mental illness, regardless of exposure to the trailer. Furthermore, Angermeyer and Matshinger (1996) demonstrated that attitudes regarding schizophrenics in Germany declined sharply following the reporting of two individuals with this condition attempting to assassinate political figures. Again, media messages are observed to have the capacity to influence how groups of people are evaluated. Associating mental illness with violence is serving to increase the prevalence of prejudicial attitudes people direct toward those suffering from mental disorders.

Entertainment media have frequently been observed disseminating misinformation and perpetuating misconceptions, usually taking the form of those with a MI being presented as dangerous and a peril to the community, at-large (see Klin & Lemish, 2008). For example, in a content analysis of contemporary movies, Owen (2012) found that the majority of characters with schizophrenia were portrayed as having very severe delusions as well as auditory and visual hallucinations. A staggering 83% of those characters with schizophrenia engaged in some sort of violent or dangerous behavior toward another character. Over two-thirds of them engaged in self-harm or suicide, and nearly a third of the characters with this mental disorder were



homicidal. Portrayals like these are believed to be a major contributor to the continuation of the public's negative attitudes about people with MI (Sieff, 2003). Such depictions of individuals suffering from these disorders portray extreme volatility in behavior. They give ample reason for a viewer with no direct knowledge of MI to be afraid of, and, correspondingly, dislike someone who is dealing with it. Depictions in the media, in general, have long been observed to be distorted when compared to how identical phenomena occur in the real-world (Morgan & Shanahan, 2010). Frequent consumption of these depictions has been associated with a wide array of anti-social attitudes and behaviors. If mediated portrayals are forming the basis for self-imposed segregation from perceived others due to increasingly negative evaluations, it is a trend that merits ample attention.

A major issue regarding social beliefs and attitudes that warrants attention pertains to how they are related to one another. As aforementioned, beliefs may have an evaluative component to them but should not independently be utilized as an indication of a person's evaluation toward the target, overall. Expectancy-value theory (EVT; Fishbein & Ajzen, 1975) is one framework that has been widely implemented in order to explain the relationship between beliefs and attitudes. EVT is used to posit that one's beliefs (i.e., expectations) are suited to predicting one's attitude toward a target when they are weighted by the individual's unique, personally-held appraisal (i.e., value) of each belief and then aggregated.

In relation to the aforementioned example of attitudes toward the elderly, it is possible that though a person perceives of this group of people as gentle and charitable, he/she might hold negative attitudes toward its members because of a greater number of beliefs which he/she perceives as negative. Indeed, research has demonstrated that the multiplicative expression of expectancies and values has predicted attitudes toward various targets ranging from the idea of

being an organ donor (Newton, Ewing, Burney, & Hay, 2012) to how individuals evaluate whole races of people (Fishbein, 1963). Furthermore, these computed attitudes are generally observed to be correlated with explicitly reported attitudes regarding relevant targets. Thus, if an individual were to believe that people with MI were both dangerous and unpredictable (and these concerns were perceived as both negative and substantial), it could be expected that he/she would hold greater prejudicial attitudes toward those with MI than would someone who did not strongly hold these beliefs, or who endorsed more positive alternatives. Due to the fact that media depictions that would facilitate negative beliefs are rampant (Benbow, 2006), attitudes toward this social group are likely being negatively influenced on a large scale. Though one's own social beliefs and social attitudes could be considered important antecedents to one's social behavior, it is important to also account for the role of environmental pressures, even if they only exist as an individual's personal perception. People may feel anxious about the idea of violating various perceived cultural norms (even those they may not personally endorse) and, as a result, may rely on their perceptions of those norms when making behavioral decisions. One important cultural norm to consider, with regard to social behavior, is social stigma (Goffman, 1963).

**Social stigma.** The concept of social stigma has ancient roots. The term has been broadly used to discuss several different, albeit related, ideas pertaining to social judgments. Such broad usage has created scholarly confusion regarding the most precise meaning behind the concept. In its earliest form, the term was used to refer to marks or tattoos given to slaves and criminals by means of pointed objects (Jones, 1987). Emile Durkheim was one of the first people to explicate it in its more modern form. When he first began talking about stigma, it was largely in terms of some sort of deviance or criminality being judged by society at large (Durkheim, 1895). This definition, as well as others that describe stigma as an "attribute that is

deeply discrediting,” (Goffman, 1963, p.3) focuses on a personal characteristic and labels it stigma, based upon perceptions of societal standards. Other scholars have, at times, discussed this concept in terms of “rejection of numerous individuals, and often entire groups, on various grounds” (Falk, 2001, p.32). With this description it is possible to see social stigma as having a behavioral component. Smith (2007) defines stigma as the rampant image of disgrace for groups of people held within a culture. In this characterization an evaluative element is stressed that points to a common, societal view of disdain toward those of a certain group. Although these definitions of stigma share elements, there has long been a lack of consensus and overall conceptual clarity. Various scholars, using various formulations of social stigma, have, nevertheless, engaged in attempts to analyze how social stigma may function and its potential influences.

Latner, Ebner, and O’Brien (2012) conducted an experiment in which subjects read vignettes (much like in a newspaper) about individuals who were lean, normal weight, or overweight but associated with varying degrees of weight loss. They found that stigma about obesity was generally higher when the participant read about a person who is, or used to be, obese. Even if they had lost weight, the stigma for obesity was still higher than if the participant had read a vignette about a lean person. The authors argued that the presentation of obese people was enough to trigger stigma, especially when it was presented as something malleable (i.e., the stigmatized individual was associated with some degree of responsibility for the trait). In a study by Latner, Rosewall, and Simmonds (2007), children, aged 10-13, were told to use analog scales to rank how much they liked peers with whom they were presented. They found that children with the greatest media exposure (specifically, magazine reading time) were the most likely to rate their obese peers with less liking (their operationalization of social stigma). The observation

of this type of stigma at such early ages reveals how prevalent these types of judgments likely are.

These studies provide evidence for the relationship between media consumption and stigma endorsement, but one concern pertains to whether what the perceptions that these researchers examined was actually social stigma. The former study utilized a measure of “bias” against obese individuals, whereas the latter study utilized a measure of “liking.” Both studies, even though first-authored by the same individual, assessed stigma in what appear to be fundamentally different ways. This situation is indicative of the more wide-spread treatment of this concept. If various scholars have referenced behaviors, attitudes, marks, or even contextual situations when providing examples of stigma, attempts to measure this phenomenon would necessarily be imprecise or incorrect. If social stigma is a theoretical concern to a researcher, it is, first, necessary to provide clarity with regard to what is meant when using this term. In the next section I provide an instructive description of social stigma and differentiate it from its frequently conflated counterparts.

*Stigma versus prejudice.* The two social category concepts of social stigma and prejudice have, in the past, been argued to be identical to one another by various scholars (e.g., see Brohan, Slade, Clement, & Thornicroft, 2010; Phelan, Link, & Dovidio, 2008). As the focal point (and title) of a meta-analytic article, Phelan and colleagues (2008) specifically asked the question of whether stigma and prejudice were “one animal or two?” They concluded that whereas there are some differences in usage over time, the terms are essentially referencing the same idea. This is to say that both concepts involve the negative evaluation of some group and serve the same three key functions. First, both stigma and prejudice facilitate the exploitation and domination of the group(s) being negatively evaluated. For example, stigma and prejudice

endorsement are seen as practices that enabled slavery to continue for as long as it did and have allowed for economic disparities along racial/ethnic and gender lines in contemporary times. Negative widespread perceptions regarding certain people or their capabilities are seen to ease the engagement in their mistreatment. Second, the transmission of stigma and prejudice are both seen as techniques for enforcing particular social norms. Such is the case when people who smoke cigarettes or use drugs are routinely, and openly, disparaged as a way of promoting the idea that those types of behaviors are not, and should not be, typical. Lastly, both stigma and prejudice are described as serving the function of facilitating disease avoidance. Transmission of these negative evaluations, as it pertains to this function, is thought to serve an evolutionary purpose. By ascribing these negative views to people with a mental or other physical illness, it may be that someone—and his/her progeny—would be less likely to interact with that person and less likely to acquire the ailment. Though, to be sure, there are notable similarities between the two terms, differences in usage across time merit attention.

In their earliest modern incarnations, prejudice was defined as “an antipathy based upon a generalization” (Allport, 1954, p.9) whereas stigma was defined as “the situation of the individual who is disqualified from full social acceptance” (Goffman, 1963, preface). From their earliest contemporary usage, it is possible to see how with descriptions such as “antipathy” and a “disqualification from full social acceptance” there is an evaluative component to both of these ideas that is negative in nature. Nevertheless, it is also possible to see that each gives a different emphasis to where the term is being applied. With regard to prejudice, the early incarnation of the term is referring to the feeling, itself, that is being espoused by a generalization about a group of people (Allport, 1954). With regard to stigma, however, it is “the situation of the individual” with the trait that receives emphasis (Goffman, 1963). While this early definition of prejudice

emphasizes one's personal affective reaction, the popular definition of stigma emphasizes a reaction that disqualifies a target from social acceptance, what Smith (2007) describes as the "standardized image of the disgrace of certain people that is held in common by society at large." (p. 464). Here, it is already possible to see a major line of differentiation between the two concepts. By focusing on the role of social acceptance, this definition for stigma directs attention toward a type of evaluation that goes beyond merely one's own personal evaluations. Instead, what may be more central here is one's perception of the prominent evaluations made in one's environment regarding the "full social acceptance" of some group. Thus, even in these early definitions it is possible to see that prejudice may be understood as pertaining to personal evaluations that are negatively held, whereas social stigma pertains to one's perception regarding the negative valence held socially with respect to some target group of people.

Whereas prejudice is almost universally defined as referring to the negative evaluation or attitude that one has toward a group (Eagly & Chaiken, 1993; Herek, 2009; Phelan et. al., 2008), social stigma has had the problem of referencing different phenomena in the usage of different scholars, making the term seem, at times, a bit more nebulous. The earliest definitions, such as those of Goffman (1963) and many that followed (Elliott et. al., 1982; Jones, 1987) tended to focus on the trait, mark, or attribute and label it stigma. While some have focused on the behavioral act of rejection as the key idea behind the term (Falk, 2001), many others have made reference to the negative evaluation as the key reference point when discussing stigma (Herek, 2007; Smith, 2007). Herek (2007) went so far as to argue that accounts of stigma that focus on an attribute or condition are to be viewed as lay accounts that fail to "emphasize the social processes through which a stigmatized condition acquires its meaning" (p.907) or, put another way, how perceptions of societally held evaluations are manifest in the individual. With this

wide range of definitions for the concept of stigma, some of which line up very closely with largely accepted notions of prejudice (e.g., social stigma being simply a negative evaluation), it is possible to see why there is such confusion when trying to differentiate between the meanings of the terms.

Though their ultimate judgment was that stigma and prejudice were one animal, Phelan and colleagues (2008) remarked on additional differences between the concepts that warrant consideration. First, they noted how very often stigma is discussed with regard to topics such as health and behavioral deviance, whereas prejudice is often used with regard to topics such as race. Even in lay conversation one may be less likely to encounter discussion regarding a negative evaluation for someone with AIDS as prejudice, or a negative evaluation for someone from a different race as stigma, than might be the case the other way around. Another difference in the usage of the terms stigma and prejudice pertains to the notion that each tends to distinctly be applied to the target of the evaluation and the perpetrator of the evaluation, respectively. This is evident in how “the stigmatized” conjures images of the one receiving the evaluation while “the prejudiced” conjures images of the one performing the evaluation. Of conceptual importance is the idea that because stigma does reference many different components of an interpersonally evaluative process (i.e., the mark/trait, the behavior, the attitude) it may be operating at a higher order than prejudice and is thus an umbrella term encompassing the latter concept. This view has been supported by several scholars (see Brohan, Slade, Clement, & Thornicroft, 2010; Herek, 2009). The idea here is that perhaps prejudice is a form of stigma that emphasizes the evaluation that is performed. Stigma, on the other hand, may concern the entirety of the process, including evaluations, marks, and the act of rejection that may all be part of the experience and perpetration of the phenomenon.

Alternatively, stigma has, at times, been discussed as a macro-level perception of evaluations that is socio-culturally oriented, whereas prejudice is more individual-level and psychological (Herek, 2009). This definition would be in line with the aforementioned deconstruction and interpretation of the early definitions of both terms offered by Allport (1954) and Goffman (1963). In explaining this view, Herek (2007) gives a hypothetical example of a homosexual person and a heterosexual person, each with prejudice toward the other social group. A major difference between the two types of evaluations concerns which one is more commonly held on a societal-level. Only one of these prejudices would be considered stigma-related (in this case, what the heterosexual feels toward the homosexual, due to overarching, society-based hetero-normative values). Even though prejudice can arise outside the realm of a societal stigma, it is very often believed to come about as a result of the internalization of perceived stigma (Herek, 2009). The perceived stigma in one's environment can be internalized with reference to a target other, also called prejudice, or oneself, also called self-stigma, but Herek (2009) would say that these two concepts (i.e., prejudice and self-stigma) are analogous to one another. Both stigma and prejudice could, however, conceivably play a role in influencing one's intentions to interact with dissimilar others. Link and colleagues (1989) have observed that even the stigmatized, themselves, may alter their social behavior with regard to non-stigmatized others when they are experiencing self-stigma. In their interviews with mental patients, they found that those individuals who indicated increasing degrees of self-stigma were also more likely to engage in coping strategies such as secrecy and withdrawal. These individuals were observed to be associated with heightened anti-social behavioral intentions because of how they perceived others in their environment to be evaluating them. Thus, both internal (i.e., prejudice and self-



stigma) and external (i.e., perceived social stigma) forces can clearly be viewed as capable of providing pressure toward specific courses of interpersonal (in)action.

Perceptions regarding given target objects or events, and how others perceive those targets or events, have long been linked to intentions to perform related behaviors (e.g., Ajzen, 1991). Examination of perceptions of social stigma and prejudice as distinct phenomena could greatly contribute to understanding the determinants of intentions toward engaging in various social behaviors. Though social stigma and prejudice share the common orientation of pertaining to negative evaluations, a closer examination of the differences allows for production of insights into the various ways that groups of people may understand one another. People may have their own personal evaluations regarding others that are based on a range of experiences, both directly and indirectly witnessed. The indirect experiences could be garnered from interpersonal or mediated sources, but when they form evaluations that are negative in tenor, we may label it prejudice. When individuals perceive it to be more typical for society, or their close environment, to hold largely negative evaluations regarding a particular group, it would be more appropriate to label this perception as social stigma. Survey research assessing stigma endorsement has employed measures in line with this description (see Link et. al., 1989; Smith, 2012). Notable items ask respondents the degree to which they agree with various statements including “Most people would willingly accept a former mental patient as a friend,” and “Most people think less of a person that has been in a mental hospital.” Therefore, the perception of social stigma may be more accurately characterized as pertaining to one’s personal beliefs about the societally held evaluations regarding a group of people.

To be sure, social stigma and prejudice may have a very strong and enduring interplay that could, in part, be responsible for the view that they are essentially one phenomenon.

Perceptions of socially held judgments may influence one's degree of prejudice held with respect to a group of people (via peer pressure or desire for social acceptance), just as one's prejudice concerning a group could influence a person to perceive that there are corresponding levels of stigma in their environment. However, an individual's personal attitude toward a group of people and his/her perception of the typical attitude endorsed in the social environment may play fundamentally different roles in subsequent decisions regarding whether and how to interact interpersonally with another person. It is, therefore, imperative to maintain the conceptual differences between the two terms. They may be representing unique facilitators or inhibitors of interpersonal interaction intentions and behavior.

Frequent past misconceptions and definitional conflations may have arisen as a result of a lack of precision when discussing the broader idea of person- or group-focused evaluations. The prolonged uncertain and erroneous usage of these terms may be akin to how the term "irony" has so often been misused to describe situations of coincidence when in truth it pertains to incongruity between actions and expectations. Now when certain individuals use the terms incorrectly it is difficult for them to comprehend where their understanding of an everyday concept went astray. As a result, they may feel compelled to continue using these terms as has been most enduringly comfortable, even when inaccurate. The concepts are strongly related with one another in this and other ways, but one important distinction relates to the idea that prejudice is an attitude (Allport, 1954; Herek, 2009) whereas social stigma is a norm-based belief (Goffman, 1963; Smith, 2007) and not, itself, an attitude. These conceptual differences that have been outlined would appear to be some of the most readily apparent between the two, though others may exist, as well. A primary consideration pertains to the potential for one or the other to be a more powerful predictor of social inclinations under specific contexts and situations.

Prejudice is a personally-held evaluative tendency about a target other and is near-universally seen as an evaluation (unlike stigma). Due to this idea, it is my contention that prejudice will be one of the more influential predictors of intentions to interact with others. It is quite reasonable to presume that perceptions of socially normative pressure could play an important role in interpersonal interaction behaviors. My expectation, however, would be that one's own attitudes will be a more dependable predictor of those social intentions due to the more proximal and personal nature of this individually held evaluation. Nevertheless, both perceptions are expected to inform one's behavioral intentions about whether to interact, and how much effort to put into making it a quality interaction, with members of a particular social group (Ajzen, 1991). As previously discussed, there is a dearth in research concerning the impact of media on the performance of interpersonal behaviors. I intend to fill this gap by examining how mediated portrayals influence salient beliefs with respect to different groups of people as well as perceptions of prejudice and social stigma. Should media exposure have the potential influence, described above, on our social natures, it is vital that we determine when and where this is occurring and the remedial steps that can be taken in order to mitigate any problematic outcomes.

***Communicating social stigma.*** Now that I have gone over several descriptions of stigma and the forms that it can take, it is now necessary to discuss how stigma can be communicated to audiences. One of the most promising means of explaining how stigma can be transmitted is the model of stigma communication explicated by Smith (2007a). This model stems from a sociofunctional perspective which states that humans have evolved as interdependent creatures who will counter threats from other groups and take steps to ensure that their own group will thrive (Neuberg, Smith, & Asher, 2000; Smith, 2007b). People are prone to stigmatize actions

and characteristics that seem threatening to the functioning of their personally relevant social group. Although this model can pertain to the transmission of stigma outside of the media environment, it seems particularly well-suited for explanation in a media context. Stigma communication has been described as “the messages spread through communities to teach their members to recognize the disgraced and to react accordingly” (Smith, 2007a, p.462). It is accomplished via messages that bear four specific elements. First, they distinguish some people from a larger group. Second, they group and categorize those who have been distinguished as a detached social entity. Third, they connect the detached group to some sort of physical or social peril, sometimes afflicting themselves, but more often in a manner that portrays the danger to the rest of the community. Lastly, they seek to imply a responsibility on the stigmatized for being part of the stigmatized group and/or connected to the peril. These cues are believed to activate stereotypes, affective reactions, and associated action tendencies. The different potential reactions include disgust, anger, or fear; each of which motivates the accessing of relevant social attitudes and negative evaluations (Smith, 2007a).

There are four types of content cues that stigma messages tend to contain that encourage the sharing of those messages with others as well as encourage protective action tendencies (Smith, 2007a; Smith 2007b). The first type of content cue that holds the capacity to transmit stigma is called a mark. It is a way to recognize a particular individual as part of the stigmatized group based on a given trait. For race-related stigma, a mark may be the color of one’s skin, and for body-type related stigma it could be the shape or size of an individual’s body. A mark consists of two components: concealment and disgust. Concealment has to do with how apparent a given mark is. If the stigmatized trait is an external deformity, it would be likely to have far less concealment than would a stigmatized personality trait. Disgust, on the other hand,

has to do with how repulsive or abhorrent a specific mark may be perceived. If someone has a disease, like leprosy, that is accompanied by lesions or bodily excretions, those marks would be much more likely to evoke disgust and rejection than a mark not involving bodily excretion. Research incorporating the individual elements that comprise the different content cues (e.g., concealment and disgust) allows for increased precision in assessing the manner in which stigma can be transmitted. With more work that examines how differing portrayals influence stigma endorsement, there could be greater clarity regarding which aspects of which content cues merit the most concern by media scholars and producers.

The second type of content cue associated with stigma messages is that of labeling. Labeling is the means by which the stigmatized are made to seem like a strange “other.” It is accomplished via the use of pronouns such as *us*, *them*, *we*, or *they* as well as other means of differentiation. It can serve to de-humanize and make stereotyping easier by casting the stigmatized as a disassociated outgroup. As individuals are presented in a manner which indicates that they are part of a potentially competing outgroup, observers are prone to view those individuals with a relatively more negative valence, compared to in-group members (Tajfel & Turner, 1979).

The third type of content cue involves the attribution of responsibility. This cue is predicated on perceptions of how much choice and control those who are stigmatized have over their stigmatized trait. With regard to addiction, a stigma message may emphasize that the addict made an intentional decision (i.e., choice) and therefore is to blame; or at the very least it might suggest that all of the actions of the addict are of his/her own volition (i.e., control).

Finally, the fourth content cue generally associated with stigma messages is that of peril. This cue stresses how a stigmatized group poses a danger to the rest of the community. This cue could be explicit by mentioning specific dangers or hazards with which a stigmatized trait tends to be accompanied, but it can also be much more subtle via ominous lighting, music or directorial shots (Wilson et. al., 1999).

All four cues need not be concurrently present for it to be considered a stigma message, but each speaks to an empirically observable way of examining how our media landscape is fraught with stigma at a given time and in a given place. It is possible to propose an example of stigma associated with people who smoke cigarettes. A televised message might portray a person inhaling a cigarette; this would serve as a mark indicating that this person belongs to a specific group of people (in this case based on a behavior). If someone were to call this person a “smoker,” this would serve as a means of labeling him/her and differentiating him/her from a potentially larger group of non-smokers. If this person were portrayed buying cigarettes and/or making a choice in a convenience store between cigarettes and a nicotine patch, and choosing cigarettes, responsibility would be inferred. Responsibility would be denoted here because the individual made a decision to engage in the stigmatized behavior of his/her own volition. Finally, peril toward the rest of society could be indicated by depicting people around the smoker coughing harshly on the smoke (i.e., secondhand smoke), signifying the dangers involved with being around someone engaged in this stigmatized behavior.

In order to examine the efficacy of her model of stigma communication Smith (2012) conducted a 2x2x2x2 experiment in which the presence of her four stigma communication cues (i.e., mark, label, peril, and responsibility) were manipulated in a newsroom health alert regarding a fictitious virus. These manipulations were used to predict stigma endorsement as

well as endorsement of intervention policies for those with the virus. She found that when messages emphasized the cue of peril, with regard to being around the infected, it most strongly predicted an endorsement of beliefs about stigma regarding the infected. When participants perceived a heightened degree of danger with regard to these individuals, they were most likely to believe that society held negative evaluations toward the group. This culturally-normative perception has the capacity to be influenced by media, and due to its empirically-observed association with beliefs about danger, this type of perception warrants inclusion in the overall model of mediated interaction intentions.

***Stigma and interpersonal interaction.*** Several studies have noted an association between the existence of stigma and the experience of declining interpersonal interactions. For example, individuals living with epilepsy in China frequently indicated that other people began to stay away from them once the others became aware of their condition (Guo et. al., 2012). When individuals have negative perceptions about others it can influence their desires toward social contact. Rozin, Markwith, and McCauley (1994) conducted a study asking participants whether they would wear a sweater, sleep in a hotel bed, or drive a car previously used by someone with one of several stigma features. Those features included someone who had lost a leg in a car accident, someone with tuberculosis, someone with HIV, and someone serving out a murder conviction. They found that as many people, if not more, refused to wear the sweater, sleep in the bed, or drive the car previously used by the person with HIV as refused to do so after the convicted murderer. There appeared to be no conditional effect of the mode of HIV transmission. Furthermore, the rate of unfavorability was highest for people with HIV even when compared to the other communicable disease of tuberculosis. One potential reason for this

may be the increased stigmatization associated with HIV due to media exposure and other social factors.

In an experiment by Mooney, Cohn, and Swift (1992), participants were told they would be interviewing a cancer patient, a homosexual person, or an AIDS patient and to set up a room for the interview. The stigma, and related perception of danger, associated with HIV/AIDS was palpable to such a degree that, on average, participants created the largest distance between themselves and the interviewee with AIDS. One could make the argument that this type of decision, related to the quality of the interaction, is very likely a result of the peril that the participants, even subconsciously, associated with the stigmatized person. By making slight increases in physical distance, however, they were not making themselves significantly less likely to contract the illness. Nevertheless, it did serve as a cue that could be perceived by members of the interaction and has perceptual implications regarding the quality of the interaction.

Even an individual's self-stigma can potentially damage the socio-behavioral intentions others perceive toward someone. In a surprising set of findings, Miller and colleagues (Miller, Rothblum, Barbour, Brand, & Felicio, 1990) brought in over a dozen obese and non-obese women to have a telephone conversation with undergraduates who were unaware of the women's weight. Results revealed that undergraduate judges rated the obese women lower on likability and social skills after the conversation. Given that the judges had no prior knowledge about the characteristics of their conversants, it was more likely that there was some fundamental difference in the method and form of conversation utilized by the obese women that judges did not like when compared to the non-obese women. It is likely that, either due to an impaired social identity or lengthy periods of receiving a lower quality and quantity of social interaction



than their non-obese counterparts, these women exhibited inferior social skills. In either case, the negative effects of perceived social stigma are very likely an essential factor.

Stigma can influence potential intentions to interact, and it is necessary to discuss some explanations for why this may be the case. As Goffman (1963) stated, “we believe the person with a stigma is not quite human. On this assumption we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances. We construct a stigma-theory, an ideology to explain his inferiority and account for the danger he represents, sometimes rationalizing animosity.” (p.5) Although this may sound like a somewhat extreme description of how we engage with our stigma perceptions, the core of the argument rings true. By endorsing beliefs regarding the societal existence of normative attitudes implying inferiority and danger we are justifying our animosity toward these perceived others and making it feel acceptable to keep them at a distance. Even those who are being stigmatized might feel the need to keep themselves at a distance because of the common coping strategies of dealing with stigma, such as secrecy and withdrawal (Markowitz, 1998). Both of these situations could be ameliorated if, when intergroup contact was considered, the ideas that came to mind were not largely anxiety-producing (Stathi, Tsantila, & Crisp, 2012). Mediated portrayals have a key role to play in this phenomenon. They transmit, via stigma cues, indications about broader societal perceptions. By, attaining a more comprehensive grasp of the nature by which different groups of people are being depicted in the media, examining specifically what effect this is having on individuals, and making recommendations based on these findings, it is possible to aid in the enhancement of these mediated portrayals. These perceptions of prejudice and stigma have a notable potential to diminish inclinations to interact with the targets of these judgments. Next, I

turn to an assessment of the nature of those interaction inclinations and the manner in which media consumption could play an influential role.

**Interpersonal interaction intentions.** The actions that people take are frequently the result of their predispositions with regard to those actions. An important step in understanding behavioral effects of media messages lies with the examination of intentions that give rise to behavior. Although research on potential effects of media on cognitions and attitudes is abundant, there is relatively less of an emphasis of research examining how these mediated portrayals can influence behavioral intentions and subsequent behaviors. This paucity is most notable with regard to the potential influence of media messages on behavioral intentions in social contexts. Ajzen (1991) defines behavioral intentions as,

The motivational factors that influence a behavior... [An] indication of how hard people are willing to try, of how much of an effort they are planning to exert, in order to perform the behavior... the stronger the intention to engage in a behavior, the more likely [the] performance. (p. 181)

In this sense, behavioral intentions can be seen as closely related to beliefs and attitudes in that inherent in one's inclination toward the execution of a behavior is the favorability of perceptions accorded to it within different situations and conditions.

Generally, people only engage in behaviors that they have chosen to perform (Covington & Mueller, 2001). The motivations for performing a behavior can be both intrinsic (e.g., "I want to have dinner with this potential academic donor so that I can learn about him/her") and extrinsic (e.g., "If I miss this dinner with this potential donor, my Department Head will be upset with me"). Both our evaluations, and our perceptions of others' evaluations in a given situation, can pivotally influence the types of behaviors that we will perform. With regard to social

behavior, prejudice and social stigma, respectively, could account for these evaluation-related perceptual dispositions. Though evaluations may not influence behavior directly, they can be indicative of the general favorability associated with a person's intentions (Cooper, Burgoon, & Roter, 2001). Despite the absence of a perfect relationship between behaviors and intentions, in a meta-analysis Webb and Sheeran (2006) observed a moderate, and therefore theoretically viable, association between the concepts.

A great deal of the work concerning behavioral intentions is conducted under the framework of the reasoned-action approach (RAA; Fishbein & Ajzen, 2010). A refinement of the theory of reasoned action (TRA; Fishbein & Ajzen, 1975), and theory of planned behavior (TPB; Ajzen, 1985) the RAA is used to describe how attitudes and subjective norms regarding a particular behavior, along with perceived behavioral control in performing said behavior, can predict an individual's intentions to engage in an activity. Furthermore, perceived behavioral control and behavioral intentions are used to predict the actual performance of a certain behavior. Largely utilized in the domain of health communication, elements of this conceptual lineage have continually demonstrated how key personal perceptions can contribute to intentions to engage in particular healthy or risky behaviors. In one meta-analysis, researchers (Albarracin, Johnson, Fishbein, & Muellerleile, 2001) sought to examine how well the TPB could be utilized to explain condom use. They collected 96 datasets and found that attitudes and subjective norms about condom use, along with perceived behavioral control, did routinely predict intentions to use condoms. Furthermore, intentions to use condoms predicted actual condom use, though not in tandem with perceived behavioral control, as anticipated.

In another meta-analysis (Downs & Hausenblas, 2005), researchers wanted to examine how well the TPB explained intentions to engage, as well as actual engagement, in physical

exercise. Again, researchers found that attitudes, subjective norms, and perceived behavioral control routinely predicted behavioral intentions to engage in exercise which, in turn, predicted actual behavior. In both meta-analyses it was the attitudes about the given health activity that most strongly predicted behavioral intentions toward those activities. This finding reflects my previous contention that attitudes would be a better predictor of social inclinations than would perceived norms (e.g., social stigma). Though the aforementioned perceptions have consistently been demonstrated to predict health behaviors, it is important to also address the fit of these RAA concepts in predicting social behavior.

One manner in which the RAA has been used to examine social behavior is in the context of bullying. Heirman and Walrave (2012) used this theory to predict cyberbullying among adolescents. In a study utilizing over a thousand students—aged 12 to 18—attitudes, subjective norms, and perceived behavioral control were observed to be strong predictors of intentions to cyberbully, accounting for nearly half of the variance in bullying intentions. Again, attitudes were the strongest predictors of intentions which, again, were robust predictors of actual cyberbullying behavior, accounting for roughly a third of the variance. This type of research, utilizing tenets of the TPB to predict social behavior, is in need of further exploration.

Some of the research that has come closest to examining the impact of media consumption on intentions toward primarily social behaviors has repeatedly included other non-social behaviors in the scales assessing this construct. Generally, this is the case because the scales employed in these studies tend to focus on action tendencies that have a social component but are not wholly social. For example, Nabi and Sullivan (2001) combined elements of the theory of reasoned action with elements of cultivation theory to predict engagement in socially-oriented protective behaviors as a result of media consumption. Protective behaviors were

described as actions that could be taken to maintain one's safety and well-being in the face of criminal activity. Intentions to engage in these behaviors were found to be indirectly influenced by overall television viewing. Though there is a social element to the idea of protecting oneself from the criminal activity of others, actions that could be considered protective are not uniformly social. As a result, the scale for these socio-behavioral intentions included both social actions such as "Would you stop on the highway at night to help someone whose car broke down?" as well as "If you were visiting New York, would you be worried about being the victim of a crime?" Whereas the former item asks about intentions to engage in a specific interpersonal behavior, the latter assesses an internal disposition toward a context-specific quasi-social situation. This situation is quasi-social given that being the victim of a crime may not be social at all, especially if a person was victimized unbeknownst to him/her. Therefore, though this study is one of the few which emphasizes a potential interpersonal media effect, it has limited utility as a model in this paradigm.

In a somewhat similar example, Diekmann, McDonald, and Gardner (2000) analyzed the impact of romance novel consumption on intentions toward condom use. Again, they found that overall romance novel consumption was negatively related to attitudes toward—as well as intentions to use—condoms. In an apparent attempt to be comprehensive, the items assessing intentions to use condoms were worded to evaluate the degree with which participants would insist, suggest, refuse, resist, or reject that the "self or [a] partner use a condom." The double-barreled nature of these items means they only partially examined social behavior. Whereas insisting or rejecting that a partner use a condom could be viewed as a social action, doing the same thing to oneself seems to more accurately exemplify an introspective behavior. Though the primary issue in this study regarded intentions to ensure that condoms were involved in sexual

activity (which is, itself, social in nature), the behaviors for pursuing this goal are not equally social in nature. It is likely that neither of the previously discussed studies was conducted with the sole aim of examining the impact of media messages on intentions toward social behavior, which could explain the multiple emphases in the measurement. In both there were efforts made to be comprehensive regarding the inclusion of specific behaviors that may comprise relevant action tendencies for the designated area of inquiry. However, these two studies are among the few that, at least to some degree, explore the relationship between media use and social interaction. A chief concern, with regard to my empirical endeavor, pertains to the obtainment of measures that are solely geared toward the assessment of social inclinations. Two concepts that should be advantageous in this pursuit are the ideas of social distance and approach-avoidance tendencies.

***Social distance.*** Research that has come closest to examining the effect of mediated portrayals on solely socio-behavioral intentions has frequently utilized scales of social distance. Social distance scale items typically assess an individual's comfort with having a particular type of person placed within one's social proximity (e.g., moving into one's neighborhood, having them hired at one's job, etc.). This perception about one's other-centered, situation-specific emotional state (i.e., comfort around someone else) could reasonably be considered a prerequisite for general inclinations to interact with someone of a particular social group. In one study, Angermeyer and colleagues (2005) utilized "preferences for social distance [to serve] as proxy for behavioral intentions to distance oneself from people with schizophrenia." (p.247) They found that both television and newspaper consumption were positively related to preferences for increased social distance from people with this disorder. The researchers discussed past research that notes consistently extreme and violent depictions of those with

mental illnesses, such as schizophrenia, as an explanation for why these forms of media consumption could influence intentions toward interpersonal interaction with those with MI. The argument here is that due to frequent portrayals associating MI with danger, consumers are more likely to be less comfortable with the prospect of interacting with the inherently dangerous sufferers of MI.

Pearl, Puhl, and Brownell (2012) examined media-influenced interaction intentions with regard to a type of person who may not be as commonly associated with danger. In this study, participants were presented with vignettes depicting obese individuals who were either lounging on a couch and eating chips (stereotypical condition) or buying produce (non-stereotypical condition). They were then given social distance items such as “I would be okay with making friends with a person who was obese” that assess the favorability of interpersonal interaction intentions regarding those of this body-type. Similar to the previous findings, the researchers found that media consumption (i.e., exposure to stereotypical portrayals of the obese) did result in increased social distance scores. These researchers, however, stopped short of probing this finding to better understand how and why this was the case. It is unclear whether disgust triggered such a reaction or some kind of cognitive reasoning about the nature of obese individuals. Additionally, there would be incredible utility in the determination of other portrayal types which could have increased or decreased interaction intentions. Finally, a more comprehensive assessment of additional social perceptions, how they are influenced as a result of media consumption, as well as the relationship among these social preferences could be highly informative.

In line with this contention, Link, Cullen, Frank, and Wozniak (1987) demonstrated the connection between social beliefs and social inclinations. They examined the degree to which

one's beliefs about the dangerousness of people with MI interacted with coming across an individual who was labeled as having a MI. The experimenters manipulated whether a person in a fictitious vignette was labeled as having a mental illness while holding constant other descriptive attributes. They found evidence of an interaction effect wherein as participants perceived of people with a MI to be more inherently dangerous and also were exposed to a condition wherein the target was labeled as having previously been hospitalized with a MI, higher social distance scores were observed. The participants felt less comfortable with the idea of interacting with this group of people or having these people interact with others with whom the participants were close, as a result of the heightened accessibility of danger beliefs with regard to those with a MI.

In another study Corrigan and colleagues (2001) employed path modeling to show that a decrease in direct familiarity with mental illness was associated with an increase in perceiving those with a MI as dangerous. This increase in danger perceptions was associated with an increase in fear which was finally associated with an increase in social distance. These findings indicate support for a model where beliefs influence affective reactions, and those reactions influence social comfort. Though the affective responses utilized in their study were not necessarily attitudes, there is still reason to believe that attitudes toward those with MI can play a similar role in influencing these socio-behavioral intentions. Generally speaking, we tend to have less than favorable attitudes toward those things in our environment that we fear. Additionally, attitudes mediating the influence of beliefs on behavioral intentions is a central element of the RAA (Fishbein & Ajzen, 2010). As a result of this conception of social distance, and its previous use as a proxy for interpersonal inclinations, this concept would appear well-suited to serve as an indicator of socio-behavioral intentions.



***Approach-avoidance.*** Whereas social distance pertains to one's ease with having others in one's social proximity, another potential indicator of socio-behavioral intentions pertains to the extent to which a person may feel pushed toward, or pulled from, some target object, idea, or course of action. Discussion related to these approach and avoidance concepts has been around for millennia (Elliot & Covington, 2001). Elliot and Covington (2001) trace the roots of this conceptual distinction back to discussions by ancient Greek philosophers about the distinction between pain and pleasure and their antecedents and consequences. Central to this conceptual lineage is the idea that sources of pleasure are generally associated with approach tendencies while sources of pain are generally associated with avoidance tendencies. Therefore, beliefs influencing the perceived valence of particular stimuli are at the core of the approach/avoidance concepts. Here valence is "presumed to take on somewhat different meanings in different contexts, including beneficial/harmful, liked/disliked, desirable/undesirable," (Elliot, 2006, p.112) in addition to the aforementioned pleasure and pain. These evaluations are alleged to be automatic (Elliot & Covington, 2001), occurring very quickly, and therefore could be presumed to be influenced by information or predispositions that are most accessible at the time of evaluation.

Both approach and avoidance are often discussed as types of motivations with regard to the pursuit or abandonment of some target (Elliot & Thrash, 2002; Impett, Peplau, & Gable, 2005). This is to say that these concepts describe a drive to advance toward or withdraw from some stimuli or event. The relationship between this motivational drive (as related to action) and a person's behavioral intentions may appear somewhat obvious. It could be said that a person strongly motivated to perform some action has strong intentions toward the performance of that behavior. More favorable intentions or motivations to perform a particular behavior are often

associated with more favorable beliefs and attitudes about the behavior or outcomes of the behavior.

Elliot (2006) describes the approach/avoidance motivation as one that “encompasses both the energization and direction of behavior.” (p. 112). Energization relates to the spring to action or magnitude of an inclination while direction pertains to the precise way that a given course of action is to proceed. He writes,

Inherent in the approach-avoidance distinction is the concept of physical or psychological movement. Positively evaluated stimuli are inherently associated with an approach orientation to bring or keep the stimuli close to the organism (literally or figuratively), whereas negatively evaluated stimuli are inherently associated with an avoidance orientation to push or keep the stimuli away from the organism (literally or figuratively). Although positively or negatively evaluated stimuli produce (at a minimum) a physiological and somatic preparedness for physical movement toward or away from the stimuli, respectively, this preparedness may or may not be translated directly into behavior. (p.112)

Therefore, though these two concepts are routinely seen as related to behavioral intentions, often lying at the root of action, they could also be described as an action-oriented desire operating on a somatic (or gut) level, and generally only acted upon under perceptually optimal conditions. A person’s motivation to approach or avoid some course of action may not always be acted upon, conceivably due to social pressure, or even competing motivations. Again, this notion parallels the idea behind behavioral intentions. Though there might be some nuanced differences between approach/avoidance tendencies toward action and behavioral intentions, I argue that they are substantially related in the emphasis that each concept places on the somatic-level energization

toward the performance of some behavior. Thus, approach and avoidance motivations could be considered suitable indicators for the examination of socio-behavioral intentions. They are examined in the present study, along with social distance, as indicators of socio-behavioral intentions.

**Research utilizing principal social perception concepts.** The relationship between media exposure and ideas related to real-world interpersonal interaction is, by no means, unstudied. For example, research by Wood and colleagues (2002) has revealed that adolescents routinely go to external sources for information about dating. These sources include parents, friends, and even teachers. Although the media are not sought out as often for dating information, these researchers observed that adolescents perceived media content to be more accurate than other sources in terms of what it revealed about dating interactions. Alexander (1985) observed that (while controlling for age and non-serial television consumption) increased consumption of soap-opera television was associated with increased endorsement of the idea that relationships are fragile and require more maintenance and effort to be successful. This observation, however, pertained to male participants, not to females. Increased consumption of this genre of television was associated with a decline in perceiving verbal communication as important in solving relationship problems among female participants, but not among males. Though differences may arise in how media may influence certain people's perceptions of interpersonal interaction, evidence supports the notion that there is an influence. A primary issue regarding extant research concerns the deficiency of precision in design, and a failure to explore explanatory mechanisms.

Though some research has approached an examination of the underlying mechanisms that could be influencing the effect of media consumption on social interaction, each is associated

with drawbacks to this endeavor. For example, Wahl and Lefkowitz (1989) conducted an experiment in which participants viewed a violent television movie with only certain experimental groups being told that the criminal offender had a mental illness. They then responded to a battery of items from the Community Attitudes toward the Mentally Ill questionnaire (CAMI, Taylor & Dear, 1981). Despite the title of this questionnaire, there are several items that emphasize beliefs about mental illness as well as social distance preferences. Attempts, like this, to tap into attitudes by assessing other perceptions are not uncommon (e.g., Curseu, Stoop & Schalk, 2007; Lewis, Cash, Jacobi, & Bubb-Lewis, 1997) despite the deficiency in conceptual precision. Those in the Wahl and Lefkowitz (1989) study who were in the two conditions in which the violent person was labeled as mentally ill exhibited higher CAMI scores (concurrently indicative of more negative beliefs and attitudes about those with mental illness as well as heightened inclinations to avoid them) than other participants.

Wahl and Lefkowitz (1989) provided support for the idea that media consumption can play an important role in influencing beliefs, attitudes, and avoidance intentions toward those with a mental illness in a uniformly negative fashion. However, it falls short of examining how these conceptually distinct perceptions could be independently influenced by media exposure. Moreover, there is neither a discussion about the relationships among these various social perceptions nor an attempt to explain how they may influence one another in a potentially step-wise fashion. Even though beliefs, attitudes, and behavioral intentions were all, in some way, present in the study (though, overall, utilized as indicators of attitude), Wahl and Lefkowitz (1989) did not assess the mechanisms by which one may facilitate another. Indeed, the study is almost entirely bereft of any emphasis on how message exposure could influence interpersonal activity, the focus and primary outcome studied in this dissertation. Though Wahl and Lefkowitz

(1989) assessed the influence of media consumption on social perceptions, it did so in a somewhat unsatisfactory manner. It mislabeled and conflated disparate concepts and utilized measures that do not adequately evaluate key outcomes. Still warranted is an attempt to theoretically predict and test specific paths by which media exposure can indirectly influence interaction intentions. Utilizing a precise assessment of these unique perceptions, and probing how they are influencing one another, as well as subsequently swaying social inclinations, is a vital next step in exploring this media effect.

Overall, many media effects researchers have laid down vital parts of the foundation for a rigorous analysis of the effect of exposure to those with a mental illness on social intentions regarding this group. What's crucially absent is a synthesis of the various pieces of conceptual and empirical evidence. Of the five studies that have experimentally examined the link between media consumption and social perceptions regarding those with a mental illness (Dietrich et. al., 2006; Penn, Chamberlin, & Mueser, 2003; Ritterfeld & Jin. 2006; Thornton & Wahl, 1996; Wahl & Lefkowitz, 1989), three lack precision in the implementation of central concepts. After certain participants were exposed to a negative depiction of mental illness, Wahl and colleagues (Thornton & Wahl, 1996; Wahl & Lefkowitz, 1989), routinely assessed attitudes via the CAMI scale. Assessing attitudes via agreement with belief statements (e.g., "The best way to handle the mentally ill is to keep them behind locked doors"), however, is inadequate. If, as EVT proposes, beliefs inform attitudes, a scale of attitudes that fails to distinguish between these two perceptions would appear insufficient. Moreover, particular researchers have conflated social attitudes about the mentally ill with comfort toward the thought of interacting with the mentally ill (i.e., social distance; e.g., Dietrich et. al., 2006). The CAMI scale, again, is notable for having this issue. If attitudes are routinely argued to be a precursor to behavioral intentions, as the RAA

predicts (Fishbein & Ajzen, 2010), experimental evidence that fails to distinguish between the two concepts merits cautious interpretation. Moreover, any experiment with a purported emphasis on attitudes regarding the mentally ill as the primary outcome variable resulting from media exposure (e.g., Ritterfeld & Jin, 2006) fails to give adequate attention to the rich array of social behavior-based outcomes of exposure.

To this author's knowledge only one experiment has assessed beliefs, attitudes, and interpersonal interaction intentions as unique perceptions and inclinations. Penn et al. (2003) conducted an experiment assessing the degree to which an informative documentary about mental illness would reduce negative beliefs and attitudes and increase intentions to interact with people suffering from schizophrenia. They found that those participants in conditions who viewed an informative documentary espoused less negative beliefs about schizophrenia. There was, however, no observed effect of these positive messages on attitudes or intentions to interact. The individual assessment of these concepts is noteworthy, but the researchers used a test for interaction intentions that was insufficient. They merely asked participants whether they would be willing to attend a focus group with schizophrenics, and those who responded in the affirmative were given higher interaction intention scores.

It is possible that some participants simply did not want to exert the effort and go to the focus group, regardless of who would be there. Though this is speculative, there is the potential for substantial error in this measurement of interaction intentions. A better test of interaction intentions might offer some sort of compensation and give respondents a choice among potential interactants. In this way, the question is less direct and less open to being influenced by apathy. Additionally, Penn et al. (2003) were not concerned with the influence of these concepts on one another. Moreover, all of the aforementioned studies that have experimentally examined the link

between media consumption and social perceptions of those with MI have been void of a major theoretical framework with which to justify predictions or explain outcomes. In my proposed project, I intend to not only utilize, but also combine, typically disparate theoretical formulations. As a result of this synthesis, I hope to make large strides in the field's conceptualization of media's influence on interpersonal interaction intentions as well as the underlying mechanisms responsible for such a phenomenon. Now that I have given treatment to the principal concepts that are integral to my model of interaction intentions, I turn to an assessment of the theoretical frameworks which constitute this interpersonal media effects model.

## CHAPTER 3

### THEORETICAL REVIEW

A primary aim of this dissertation is to elucidate potential explanatory mechanisms which facilitate interpersonal media effects. Thus far, I have discussed psycho-social concepts that would appear to be fruitful in this endeavor, for the ultimate purpose of putting forth a theoretical model that could provide an enhanced understanding and predictive capability to researchers regarding this media effect. To this author's knowledge, no frameworks exist that underscore the process of the influence of media consumption on social interaction behaviors. Instead, an explication of this process requires a synthesis of media effects and psychological theory which, together, offer an informative account of this phenomenon. What follows are explications of media priming theory and elements of the RAA. Additionally, I offer an explanation for how, when applied to a social context, both frameworks cumulatively provide a means of predicting social inclinations that arise as a function of media consumption.

**Media priming.** If mediated messages are capable of influencing how people interpersonally interact with one another, this phenomenon may be a result of alterations in the lens - or perspective - through which people view those interactions. A theory that is used to explore how this lens could be altered, causing such perceptual shifts, is media priming theory. This conceptual approach focuses on priming effects, which can be understood as the process by which stimuli can activate mental constructs that influence the interpretation of other stimuli (Domke, Shah, & Wackman, 1998), and applies them to media messages. In an influential handbook chapter Roskos-Ewoldson, Roskos-Ewoldson, and Carpentier (2002) describe the relationship between priming and media in more empirical terms as follows:



Priming refers to the effect of some preceding stimulus or event on how we react, broadly defined, to some subsequent stimulus. As applied to the media, priming refers to the effects of the content of the media on people's later behavior or judgments related to the content. The ubiquitous nature of the media in our lives makes it a powerful tool for priming how we think and behave. (p. 97-98)

Under certain conditions particular portrayals of events have the likelihood of filtering how people understand future semantically similar objects or situations. Within this framework, objects may include different types of people, and situations may include engagement in interpersonal interaction.

The theory of media priming has been applied to a number of mediated message scenarios. In the realm of political communication, this notion is often referred to as issue priming and has been used to argue that people will naturally connect their assessment of issues they perceive as important to the job evaluation of those perceived as accountable. When intensifying media coverage of an issue prompts audience members to perceive that the issue is increasingly important, audiences will be more likely to evaluate major political figures on the basis of performance regarding that issue (Iyengar, Peters, & Kinder, 1982). Providing support for this idea, Pan and Kosicki (1997) examined two different issue regimes during the presidency of George H. W. Bush. The first issue regime was characterized by the waging of the Gulf War, due to its position as the most frequently reported news topic. As this military engagement wound down, the researchers note, the next major national issue regime pertained to the economic tumult of the early 1990s. During both issue regimes the respective topics were receiving the most press coverage. Bush's performance on the former issue was characterized largely as successful while his performance on the latter was one of failure and indifference.

Researchers charted Bush's approval ratings as well as the decline of one issue regime and the rise of the next. As the issue regimes changed, Bush's approval ratings were marked by continual decline, reaching their lowest point at the height of economic reporting on the economy. This study demonstrates that as particular issues are perceived as more important, those perceptions of importance will prime individuals to use those issues as criteria for evaluating the effectiveness of leaders.

Holbrook and Hill (2005) provide further support of the concept of issue priming. These researchers argued that entertainment fare could influence perceptions about important issues and, therefore, prime evaluations about political leaders. In an experiment, some participants were placed in a condition where they viewed a family drama and others were placed in a condition where they viewed a crime drama. After establishing that those who viewed the crime drama would more often rate crime as a very important issue, the researchers assessed how this influenced performance evaluations of then-president George W. Bush. Findings revealed that exposure to the crime drama interacted with Bush's performance ratings on crime to predict overall evaluations of job performance. Aside from news or entertainment media organizations, evidence also supports the notion that political figures can, themselves, on occasion, prime issues for audiences and influence the evaluations they receive. For example, Druckman and Holmes (2004) demonstrated that speech events like the State of the Union address are scenarios in which particular issues are made to seem more important. After discussion of accomplishments with regard to those issues, subsequent approval evaluations have been observed to be enhanced. In all of the aforementioned issue priming studies, the information used to filter judgments about particular individuals (i.e., political figures) came from exposure to media messages. It would seem fruitful to examine how such mediated messages could influence behavior toward other

groups of people. One avenue for examining this relationship pertains to the manner in which specific patterns of media consumption can enhance the accessibility of particular ideas and dispositions.

***Central role of accessibility.*** Berkowitz (1984) describes how the cognitive structure of our associative networks plays a role in the accessibility of ideas. When certain concepts are related to one another in a person's mind (e.g., a swimming pool and a bathing suit) this relation is understood as a linkage between two conceptual nodes. The different linkages between the different nodes, for a given individual, form that person's associative network. If a concept such as swimming pool causes someone to subsequently think of bathing suits and then summer, this chain of linking is referred to as *spreading activation*. When linkages are made stronger, it increases the likelihood that one concept will make others accessible. If mediated depictions of people with MI are often accompanied by representations of danger and volatility, this could influence the make-up of a viewing audience's associative network with regard to this social group. When encountering someone with MI in a real-world scenario, people might, due to spreading activation, quickly become hesitant or even afraid of the person. This type of media-induced reaction could have dire ramifications regarding quality interaction with members of this social group or any others who are the victims of negative portrayals.

In one study of television soap opera viewing, Shrum (1996) demonstrated a classic media priming/cultivation effect and depicted its relationship with accessibility. First, the researcher performed a content analysis to identify common themes regarding, and prevalence of, different occupations. Second, students participated in a task in which they were prompted to respond to items about their consumption of soap opera television programs. The researcher only utilized those who were the highest and lowest consumers of this content. Participants then

were asked to answer a battery of questions on a computer pertaining to views on certain issues about the real-world. Their response times were recorded. The findings revealed that it was those participants who reported the most consumption of soap opera programming who were most likely to give answers that corresponded with what was presented in this genre of programming. They had higher estimates of crime as well as of the number of doctors and lawyers in society. Furthermore, they gave their responses in the shortest time, indicating that these distorted perceptions were also more accessible.

Providing further support for the role of accessibility in influencing social perception, Shrum (2007) conducted another study that manipulated the survey instrument utilized and examined differences in participants' responses. In this experiment, the idea was that surveys received by mail and filled out at the participants' leisure would require less heuristic processing than would surveys conducted over the phone. People who responded to the survey over the phone had higher estimates of crime, occupational affluence, and marital discord than did those who responded in the paper survey. Moreover, there was an interaction between television exposure and survey method, whereby those who responded to the survey over the phone and had the highest consumption rates also demonstrated the most pronounced social perception effects. Taken together, the findings demonstrate that when the need to rely on heuristics is increased, responses are often more distorted due to a reliance on the most accessible information.

With regard to interpersonal behavior, several scholars have demonstrated the impact of violent film content on subsequent perceptions and behaviors (e.g., Anderson, 1997; Bushmann, 1995; Josephson, 1987). In one study, Josephson (1987) presented children with non-violent or violent clips. The violent clips were characterized by the use of walkie-talkies (as a cue for

subjects) by the characters before they engaged in the violence. Participants were then interviewed with a microphone or a walkie-talkie before being allowed to play a game of floor hockey. Those boys who were higher in trait aggressiveness demonstrated the highest levels of aggression when they saw a violent clip and were prompted by the walkie-talkie cue. They were followed by those who only saw the violent clip, and, lastly, those who viewed the non-violent clip. In this scenario the extra cue was seen as a contributory prime enhancing the overall effect of the violent clip toward the aggressive activity. Findings like these may suggest that other cues (e.g., race, ethnicity, or some other behavior) could also have the potential to exacerbate the influence of such behaviorally aggressive media priming. Other studies have demonstrated that exposure to violent clips have resulted in the priming of subsequent state hostility (Anderson, 1997) and anti-social behavior (Bushman, 1995), especially among those higher in trait hostility. These findings stand to reason because in this media priming framework it would be those individuals higher in trait hostility who would have a more substantial associative network with regard to aggressive tendencies. The spreading activation of such perceptions and behaviors would occur more readily under these conditions. Media priming theory offers a useful insight into cognitive mechanisms that could facilitate the impact of mediated messages on social interaction intentions.

*Accessibility: Frequency and recency.* Roskos-Ewoldson, and colleagues (2002) as well as other researchers (Berkowitz, 1984) discuss both the *recency* and *frequency* of a particular type of portrayal as two prominent contributors to accessibility. Recency refers to the duration since the time of exposure to some type of depiction. The idea here is that if a person was exposed to some event (e.g., a person choosing to physically fight another person as a result of a verbal argument), such actions would readily come to mind if a semantically similar situation

occurred immediately afterward (i.e., engagement in a verbal argument). Frequency refers to the number of times a person is exposed to some type of depiction. If a person sees something repeatedly (e.g., violence as a solution to conflict), it will readily come to mind in a semantically similar situation (i.e., when faced with conflict). There is a great deal of empirical research—easily interpreted within the media priming framework—that demonstrates the impact of frequent consumption of particular message types on an individual's social beliefs. In one such study, romantic genre television consumption was found to be positively related to the endorsement of idealistic marriage beliefs such as the perception that partners should be able to talk openly about everything, and partners should always know each other's inner-most feelings (Segrin & Nabi, 2002). As participants in this study were increasingly exposed to media content depicting spouses in this ideal form (characterized by frequent and productive communication and empathy) they more often viewed this relationship type as the norm. Moreover, it was something to be expected when they were subsequently presented with the opportunity to indicate their beliefs about marriage.

In another study, Woo and Dominick (2001) observed that when participants frequently consumed another type of programming that depicted marriages in a negative manner, their perceptions were correspondingly more negative. As the participants reported heightened consumption of day-time talk shows (often characterized by strife, conflict, and emotional upheaval between partners) they were more likely to indicate an expectation that American marriages could be expected to spiral into spousal inequity and marital infidelity. Again, these findings could be interpreted with a media priming framework in that routine exposure to mediated stimuli of a specific ilk was associated with heightened accessibility of beliefs that corresponded to those stimuli. If mediated depictions are capable of influencing beliefs and

expectations about social interaction, it should follow that those expectations might influence one's desire to engage in various interactions with different sorts of people.

Research supporting frequency-based accessibility effects has long demonstrated the potential for media consumption to influence how we perceive large groups of individuals. For example, examining grade-school children, McGhee and Frueh (1980) wanted to see how consumption of television was related to the endorsement of frequently depicted stereotypes about each sex. These researchers were interested in consumption levels and classified respondents into two groups based upon their self-reported exposure. Those who viewed 10 hours or fewer of television per week were classified as light viewers whereas those who viewed 25 hours or more per week were classified as heavy viewers. After having been read descriptors that were stereotypically male, stereotypically female, or neutral, participants were asked to indicate whether the descriptors were describing a male or a female. The researchers found that those children who had reported the highest exposure to television were also the ones who most often matched stereotypical descriptors to the corresponding sex. Findings such as these illuminate the potential for increased consumption of mediated messages to be related to an increased endorsement of the ideas about the individuals presented in those messages. If an overarching theme in the modern media environment is that of a particular group of people being more dangerous—whether due to assumed gang activity, terrorist activity, or inherent volatility—this media priming theory could be a lens for understanding how these themes could lead to altered perceptions and subsequent interaction intentions.

*Accessibility: Vividness.* In addition to frequency and recency, stronger linkages between concepts (and, therefore, enhanced accessibility) can also be produced after they are depicted together in a vivid manner (Shrum, 1996). Nisbett and Ross (1980) describe the concept of

vividness as a portrayal that is emotionally evocative, accompanied with exaggerated imagery, and perceptually proximate in a sensory or spatial way. An emotionally evocative portrayal is one that causes the viewer to potentially experience a feeling such as joy, anger, sadness, or even disgust. Exaggerated imagery is a style of portrayal characterized by excess. For example, if someone is sad or injured, he/she may be portrayed sobbing uncontrollably or bleeding profusely, respectively. Indeed, such portrayals might, themselves, be emotionally evocative. Perceptual proximity can be characterized by thematic features that make the viewer perceive him/herself to be close to the action. Loud noises and close-ups of characters are two ways in which this can be achieved. These characteristics of vivid portrayal-types are argued to leave a lasting impression on media consumers. This approach would provide an accessibility-rooted explanation of non-cumulative message exposure on social perceptions.

Riddle and colleagues (Riddle, 2010; Riddle et. al., 2011) have emphasized the importance of both vividness and frequency in relation to accessibility. In one study (Riddle, 2010), vividness was manipulated by removing the number of close-up shots, blood, gore, screaming, and yelling from police procedural stimulus clips. She demonstrated that cumulatively consumed, vivid portrayals tended to be the most accessible to media consumers during subsequent belief formation. When these portrayals were viewed often, and accompanied by visceral imagery, participants tended to endorse beliefs about crime and police which were consistent with the stimulus clips. Thus, if a person is *recently* and *routinely* (i.e., frequently) exposed to depictions of those with mental illness as *exaggeratedly* (i.e., vividly portrayed) violent, he/she would be extremely likely to think of the concept of violence when encountering the concept of (or people who suffer from) mental illness. The ubiquity of media messages



makes this source of anecdotal experiences a prime point of analysis for examining how judgments of others can be influenced by outside stimuli.

*Accessibility and social reality.* The competing mechanisms regarding how media may influence judgments (i.e., frequency and vividness of exposure) parallel previous debates about whether media effects can be explained by the drip-drip or the drench hypotheses. Reep and Dambrot (1989) defined the drip-drip hypothesis as a model that could be considered nearly identical to the early explications of cultivation theory. The idea here is that as people increase their exposure to images in the media, each exposure would cause a gradual move toward perceptions of the objects or events that are depicted as a true representation of social reality. Greenberg's (1988) drench hypothesis, however, emphasizes how a very small number (often just one) of potent and visceral depictions of some phenomenon are capable of leaving a lasting impression, which would then be heuristically used in subsequent mental representations of said phenomenon. Reep and Dambrot (1989) conducted an experiment testing these competing explanations and found support for both models of media influence. Though the drench effect (e.g., a highly vivid depiction) was slightly more pronounced, the authors concluded that "these two processes may not be mutually exclusive but rather are interrelated in explaining television effects on viewers" (p.550). Thus, with the goal of theoretical comprehensiveness in mind, it would seem prudent to account for these dual facilitators of accessibility-oriented information processing. In both scenarios it is the heuristic use of information that is most accessible at the time of recall that is the underlying psychological mechanism causing the influence of media on judgments. With motivated, systematic processing (i.e., deliberate and critical) during recall, in lieu of heuristic processing, these accessibility-effects of media on beliefs have been observed to diminish (Bradley, 2007).

The psychological mechanisms comprising media priming theory make this approach appear to be one of the most worthwhile for examining the influence of media on interpersonal interaction intentions. This theory provides avenues for explaining behavioral decisions that occur consciously as well as slightly below conscious awareness. The concepts of accessibility and spreading activation allow for an understanding of those choices that are not deliberately made with a specific set of rewards or consequences in mind, but instead as a result of some perceived cue(s). Therefore, the utilization of media priming theory would appear to provide a useful framework for examining the impact of media exposure on automatic judgments, such as, approach/ avoidance tendencies, due to alterations in the accessibility of various concepts. With an understanding of the types of mediated depictions that most readily influence the accessibility of beliefs and attitudes regarding various groups of individuals, it will be possible to examine how those perceptions influence behaviors immediately and in the long-term.

### **From media priming to behaviors and intentions**

Media priming theory provides an avenue for examining the influence of media on social perceptions about different people. What my theoretical account of the influence of media consumption on behavior, thus far, lacks is a description of how perceptions might influence intentions to interact with others or the quality of actual interaction engagement. If certain types of negative portrayals of people in the media are responsible for a corresponding decline in positive perceptions and intentions to interact (or the effort put into quality interaction) with those people, at the core there may be a persuasive process taking place, even if the persuasion is unintended. Therefore, adapting a persuasive theory to explain this process may seem prudent. Aspects of the reasoned-action approach (RAA; Fishbein & Ajzen, 2010) seem well-suited to this purpose. Developed as an evolution of the theory of reasoned action (TRA) and the theory

of planned behavior (TPB), the predominantly consistent forms of this approach have historically been implemented under these various labels. This approach has, indeed, been recently utilized to predict intentions to engage, and actual engagement, in social behavior. In a study by Sim and Byers (2013), researchers observed evidence that the TPB's primary predictors of behavioral intentions were, in fact, related to intentions to initiate sex with a partner. Furthermore, the intentions were found to predict engagement in this behavior. I, now, turn to a review of these predictors.

Encompassed within the RAA is the notion that both attitudes toward a particular behavior and perceived subjective norms influence behavioral outcomes via behavioral intentions. When an attitude about anything from exercise to engaging in safe-sex practices becomes more favorable, one's behavioral intentions for those behaviors also become more favorable. Although the primary behavior that I have discussed, thus far, is interpersonal interaction, I argue that it is not the attitudes toward the idea of social interaction that should receive the primary theoretical emphasis in my model of mediated interaction intentions. Rather, it is the attitude toward the type of person who is the target of the social behavior that is of more vital concern when predicting interaction intentions. To be sure, how out-going or extroverted one is may contribute to whether one is more or less likely to engage in interpersonal interaction and how one performs such an act. This personality characteristic, however, would likely influence all interactions universally and take the form of overarching (anti-)social predispositions.

Examining the approach and avoidance tendencies that individuals have toward social groups could facilitate more a more nuanced conceptualization of interpersonal interaction intentions. Holding constant a perceiver's gregariousness, it would seem that the perceived

characteristics of a potential interactant would become a much stronger predictor of whether the perceiver might engage in interaction. For example, if I had a favorable attitude toward other frequent drinkers of alcohol, I could be expected to be more likely to engage them in interaction than might someone who views this form of leisure, and those who engage in it, negatively. If I had a more negative attitude toward those with mental illness, whether due to fear or disgust, I would be less likely to engage members of this social group in an interpersonal interaction relative to those who do not have a mental illness. The beliefs, stereotypes, and evaluations that can form the foundation for such evaluative orientations are capable of being made more or less accessible (and, therefore, influential) as a result of exposure to media messages. This would especially be the case if those messages pertained to groups with which consumers might lack direct experience.

Another RAA-based predictor (aside from attitudes) of behavioral intentions is the set of perceived subjective norms one holds regarding a particular behavior. Ajzen (1991) defines subjective norms as “the perceived social pressure to perform or not to perform the behavior” (p. 188). Within this framework the most relevant social pressure is that which comes from not just anybody but those considered personally close. People who fit this description may be family, friends, colleagues, or significant others. These perceptions are, therefore, beliefs about the views held by others in one’s close environment. As a result, this conceptual framework would predict, for example, that if one believes that donating blood or an organ is an activity that close others view as a positive act, one might be more inclined to perform such an act. Once again, although the behavior that I am discussing in this essay is interpersonal interaction, I will argue that it is still more appropriate to think in terms of the targets of the behavior when applying these concepts to this context. Therefore, in adapting elements of RAA to this behavior, it would

seem more appropriate to examine perceptions that are believed to largely be held about particular groups of people within one's environment. For example, if an individual had the belief that people in his/her environment considered interaction with a member of a particular social group (e.g., those with mental illness) to be deleterious to one's social or reputational standing, this could negatively influence intentions to interact with a member of this group. Such beliefs about large-scale negative perceptions regarding groups of people have been referred to as social stigma (as aforementioned; Link et. al., 1989; Herek, 2009).

We can perceive similarities between social stigma and subjective norms, to be sure, but they are not one and the same. A key component of subjective norms is that they are only perceptions about what close others perceive one ought to do (Ajzen, 2011). Social stigma is a negative evaluation perceived to be held at a cultural level (Link et. al., 1989; Herek, 2007; 2009) and is, thus, closer to a cultural norm (Goffman, 1963). Researchers previously have utilized different types of norms in research incorporating elements of the RAA in order to examine whether other norm-types might fit the framework more adequately. For example, White and colleagues (2009) noted that subjective norms (also referred to as social injunctive norms) would often fail to predict behavioral intentions as adequately as would attitudes and sought to examine whether other norms fit the model better. They examined social injunctive norms (i.e., what significant others think one ought to do), descriptive norms (i.e., perceptions of what other people do) and personal injunctive norms (i.e., internalized moral rules) for fit in this theoretical framework predicting behavior. With regard to the behavior of recycling, these researchers found that descriptive and personal injunctive norms, not the subjective/social injunctive norms, best predicted behavioral intentions. Other scholars have similarly concluded that there is value in looking beyond merely subjective norms (e.g., Conner & Armitage, 1998).

Cultural norms such as perceived social stigma, which by definition involve evaluations of different types of people, would seem well-suited for a model predicting social interaction intentions.

**Integrating theoretical frameworks.** Through a combination of key components of media priming theory, EVT, and elements of the RAA, it is possible to discern one mechanism by which media consumption could influence a person's attitude toward members of a given social group. A media priming framework could be used to predict that a person's media diet may conceivably be responsible for making certain beliefs regarding characteristics of a group more accessible. EVT could be used to predict that the increased salience of particular beliefs about a group, and the value that one assigns to those beliefs, would then be expected to inform one's attitudes toward the group's members. In this fashion, media exposure indirectly influences social attitudes via its impact on an individual's belief system (including the mediated formation and accessibility of various beliefs). A media priming framework could also be used to predict that various patterns of consumption could influence beliefs about how others perceive of various groups of individuals (i.e., social stigma). As a media consumer is exposed to messages serving to heighten the accessibility of negative traits about a social group, which could be perceived as harmful by cultural standards, this consumption could prime perceptions of stigma in one's environment. Thus, a potential mechanism for understanding the influence of media on key social perceptions is constructed.

Employing elements of the RAA it is now possible to predict that social attitudes and perceived cultural norms (i.e., social stigma) regarding a particular group of people would be expected to each contribute to a person's desire to interact with said individuals. Utilizing the aforementioned theoretical concepts, it is possible to produce a model that incorporates

potentially held prejudice, as attitudes, as well as potential social stigma, as norms, to predict behavioral intention. Under optimal conditions of behavioral control, socio-behavioral intentions would be duly expected to predict actual social behavior. Therefore, theoretically, it is possible to predict precisely how media consumption can influence interpersonal activity, indirectly, via various psychosocial dispositions.

**Expectations.** With regard to those with MI, I expect that as people encounter depictions of members of this group that are both negative and vivid the endorsement of prejudice and perceived social stigma will rise. It can be expected that recent and frequent exposures to such depictions would most strongly facilitate these unfavorable changes in social perceptions. As both prejudice and perceived stigma increase, people will have decreased intentions to interact with those with MI. If these expectations are borne out, a workable model for the influence of media on social behavior will have been constructed.

With the integration of the aforementioned theoretical frameworks, I make several predictions. I expect that recent exposures to negative depictions of people with MI would foster negative perceptions due to the influences of exposure on the accessibility of negative concepts (Shrum, 1996, 2004). According to EVT (Fishbein & Ajzen, 1975), negative beliefs about people with MI will inform a person's attitude, causing it to be characterized with negativity (i.e., more prejudice). Following similar logic, the consumption of negative portrayals will also be expected to be associated with heightened social stigma. Therefore, media consumption would be expected to directly influence perceptions of social stigma and indirectly influence a person's level of prejudice through the aggregated valence of beliefs. Moreover, a negative norm-based perception of people with MI and less favorable attitudes should each be associated

with a lack of intention to engage in interaction behavior with members of this social group (Ajzen, 1985).

H1: Participants who have recently consumed negative depictions of people with MI during the experiment will express more prejudicial attitudes toward this social group than will those who did not.

H2: Participants who have recently consumed negative depictions of people with MI during the experiment will perceive greater norm-based stigmatization toward this social group than will those who did not.

H3: Participants who have recently consumed negative depictions of people with MI during the experiment will indicate the least intention to interact with this social group, mediated by levels of prejudice and perceived social stigma, compared to those who do not.

In addition to the influence of recent exposure, the vividness of the negative portrayal is also predicted to foster negative outcomes. I expect that as people consume depictions of those with MI that are both negative and vivid, the endorsement of negative beliefs about those with mental illness will increase. As the negative depictions are presented in an increasingly vivid manner, it would be expected that corresponding negative perceptions would be more accessible when encountering the concept of mental illness (Shrum, 1996). More vivid depictions which are negatively portrayed should be characterized with more negative attitudes and more social stigma. Again, increases in both of these social perceptions about those with MI is expected to be associated with diminished intentions to interact with members of this social group.

H4: Participants who consume the most vivid, negative depictions of people with MI will express the most prejudicial attitudes toward this social group.



H5: Participants who consume the most vivid, negative depictions of people with MI will perceive greater norm-based stigmatization toward this social group.

H6: Participants who consume the most vivid, negative depictions of people with MI will indicate the least intention to interact with this social group, mediated by levels of prejudice and perceived social stigma.

Finally, the frequent consumption of content that depicts people with MI negatively would be expected to heighten the accessibility of negative perceptions. With more frequent consumption of these particular media messages, both prejudice and social stigma would be expected to increase due to heightened accessibility. As both prejudice and perceived social stigma increase, participants will, again, prefer greater social distance and reveal behavioral intentions more closely aligned with avoidance than with approach motivations.

H7: Participants who consume negative depictions of people with MI most frequently will hold the most prejudicial attitudes toward this social group.

H8: Participants who consume negative depictions of people with MI most frequently will perceive greater norm-based stigmatization toward this social group.

H9: Participants who consume negative depictions of people with MI most frequently will indicate the least intention to interact with this social group, mediated by levels of prejudice and perceived social stigma.

If these expectations are met, a model to help predict how media consumption can influence our social nature (see Figure 1) will have been fashioned. By clearly distinguishing between disparate concepts and utilizing mediation modeling to examine indirect relationships, I intend to provide the most holistic approach yet offered for examining the impact of negative social group depictions on our social lives.

## CHAPTER 4

### METHODS

To investigate the expectations embodied in Figure 1, I employed an experiment. In it I evaluated the influence of the consumption of media that depicts those with mental illness engaging in activities of negative behavioral appeal. Furthermore, I incorporated an examination of the impact of various levels of vividness and recent consumption of these portrayals directly on perceptions regarding those with mental illness (MI). Additionally, I examined the indirect influence of consumption on interpersonal interaction intentions. Utilizing elements of media priming, expectancy-value theory (EVT), and the reasoned-action approach (RAA), I attempt to predict how media exposure can indirectly influence interpersonal interaction intentions (e.g., preferred social distance and approach-avoidance motivations) via various beliefs (e.g., evaluative and social stigma) and attitudes (e.g., level of prejudice).

First, I conducted a pilot study in order to lay the groundwork for the experiment. The pilot study involved assessing popular beliefs about those with MI so participants in the experiment could indicate their endorsement of the most commonly held perceptions about this group of people. I also probed for commonly consumed, modern media content that displays distorted images of those with mental illness. This is assessed in order to examine long-term exposure to negative depictions of this group of people and its relation with social perceptions and inclinations. Second, I conducted an experiment wherein participants were placed in conditions in which the recency and vividness of exposure to negative depictions of people with

MI were manipulated in order to examine effects of this manipulation on social perceptions and inclinations.

Due to the fact that I ask people to discuss judgments and potentially unfavorable social inclinations, this study has great potential to be influenced by the socially-based desire of participants to not appear antagonistic to this disadvantaged population. In order to mitigate this potential response bias I have chosen items that will assess social perceptions in a manner that attempts to avoid directly inquiring about privately held views about those with MI. I employ an approach-avoidance task (AAT) designed to place participants in a scenario where they would have to decide with whom they will socialize in a real-world context. Though they will not actually socialize with anybody, the task will be such that they will think otherwise. The items that are utilized ask participants how they would proceed in, or what they think about, everyday scenarios that might involve someone with MI. In the event that some items are too direct and open to some degree of socially desirable response bias, I employed a scale assessing the trait tendency toward this bias and controlled for it, with the expectation of mitigating some portion of this demand characteristic.

### **Pilot Study**

An initial pilot study was conducted in order to gather some necessary information for the primary experiment. The use of an EVT framework to describe attitude formation requires, first, ascertaining the prominent beliefs that a given population would hold toward a target object or person. After the eight most prominent beliefs were obtained, they were used in the main study for participants to indicate endorsement as well as their valence regarding them. Belief endorsement weighted by perceived valence of the belief was aggregated across all prominent beliefs, the result of which is seen as the EVT indicator of a person's attitude toward the object.

(Ajzen & Fishbein, 2008). Ascertaining prominent beliefs, beforehand, from a given population is necessary so that researchers can be confident that the belief scales employed in the primary questionnaire are not bereft of overarching perceptions pertaining to the target object that could ultimately influence a respondent's overall attitude toward the target object.

Furthermore, I needed to ensure that the media messages that I implemented exhibited the desired characteristics. With regard to my planned experimental stimuli, several clips were employed and participants indicated their perceptions of the level of positivity, negativity, and vividness of the depictions. Valence was assessed with one question, "Would you say that the ill character with \_\_\_\_\_ was depicted more negatively or positively?" Participants responded to this item on a seven-point scale. Vivid content is often described as that which is both exaggerated and engaging (Nisbett & Ross, 1980). Two items were utilized to assess vividness along these conceptual lines ("Would you say that the experience of the individual with illness was depicted in an engaging manner [i.e., in a way that served to capture your attention]?" and "Would you say that the experience of the individual with illness was depicted in an exaggerated manner?"). Again, participants responded to these items on a seven-point scale (ranging from "strongly disagree" to "strongly agree") and the product resulting from these items was utilized to inform clip selection. Those clips that most strongly exhibited relevant characteristics were utilized.

With regard to assessing the impact of frequently consumed distorted mental illness depictions in the main study, I needed to ascertain an impression of the popular television programs that contain these images. In this pilot study, participants were told to name any television programs, still on the air, that depicted a dangerous person with a mental health condition. A follow-up question asked, "How dangerous is the primary mentally ill character?"

on a scale from 1 (“Not at all”) to 7 (“Extremely”). The five programs that were most frequently mentioned and that had the highest character danger ratings were utilized in the main study.

## **Experiment**

**Sample.** Initially, participants consisted of students ( $N=131$ ) recruited at a Midwestern university who came into a laboratory setting to participate in a computer-based experiment. Student samples have, however, been widely suggested to reveal outcomes that may not be representative of the larger population. These groups of individuals tend to skew higher in education and lower in age than the general population. Though there is much to be learned from the use of these samples, empirical research which makes an attempt to examine experimental effects on a broader diversity of individuals makes great strides in the pursuit of external validity. In conjunction with the study conducted with a student sample at the university, another nearly identical study was conducted online via the survey service *Amazon Mechanical Turk*. Though some scholarly debate has existed regarding the validity of research conducted over Mechanical Turk (MT), research has demonstrated that results garnered via this service overwhelmingly coincide with that of other more traditional research methods (see Mason & Suri, 2012). Therefore, an ever-increasing number of social scientists favor its use. Initially, 125 participants were recruited on MT in February of 2015. Due to statistical power concerns and the availability of funds in the fall semester, 521 more participants were recruited from this subject pool in September of 2015. Statistical analyses revealed no differences between these two recruitment pools on either demographic features or any other variables utilized in analyses.

Unlike the student sample, which received course credit for their participation, MT sample participants were paid \$4 to participate in the 30- minute online experiment. Before performing analyses, descriptive statistics were computed on the main constructs of interest (see

Table 3 and Table 4 for the student and MT sample, respectively). In both the student and the MT the majority of sampled participants were female. This skew was notably evident in the student sample where over 75% of respondents reported being female. Age was not assessed in the student sample due the expectation that variability along this dimension would not be a critical factor. The MT sample average age (34.7 years-old) was more than 10 years greater than the age one might expect from a graduate of a college who went straight to school after attaining a high school degree (i.e., 22-23 years-old). Thus, age serves as one important difference between the two populations studied. Additionally, the average income was notably different between the populations. The MT sample, on average, indicated income from \$26,001-\$50,000 whereas the student sample, on average, indicated income ranging from \$75,001-\$100,000. Average ratings for familiarity with MI were higher for the MT sample whereas ratings for trait social desirability were nearly identical.

**Procedure.** This study took the form of a computer-based experiment. Undergraduate students were offered class credit for participation. Once they arrived, participants watched three stimulus clips and responded to a battery of questions assessing accessible perceptions about those with mental illness as well as the participants' comfort and desire to socialize with a person who has a mental illness. All participants were given the following initial prompt:

The purpose of this project is to obtain lay appraisals about the presentation of health conditions in the media. The researcher wants to assess how various diseases are truly viewed by the average person so that health practitioners can use the information to improve health services. Your honest answers will go a long way in improving future health treatment in Illinois and the United States. Answer each question as truthfully as possible.

Though the emphasis in this project was responses regarding those with mental illness, it was also necessary to attempt to convince participants that the study was about health, in general, as a way of mitigating potentially desirable response biases.

**Stimuli.** In this experiment participants were not initially given a predetermined definition for mental illness. Instead, participants relied on their own conceptions of mental illness when responding to items regarding mental disorders (and those with them), as they would in their everyday life. This approach to examining popular perceptions of mental illness is common in research examining the impact of these depiction types on consumers (see Stout, Villegas, & Jennings, 2004). In the same manner that people are able to access a schema when confronted with the concept of “cancer” (even though there are many different forms of this disease), individuals can be presumed to operate at a comparable level of abstraction when confronted with the concept of “mental illness.” The schemas that people hold about what they perceive to be mental illness are expected to play a more vital role in everyday judgments about mental disorder than the more constrained, official psychological definitions (many of which differ even among experts). Furthermore, these more technical characterizations may, at times, be difficult to understand or incongruent with personal and longstanding conceptions of mental illness.

In order to examine the influence of media messages at this level of abstraction, the mental conditions that I employed for the stimulus clips were of both the mood and anxiety disorder variety. Mood and anxiety disorders, such as bipolar and obsessive-compulsive disorder (OCD), respectively, can conceivably, at times, be presented as mild (i.e., less vivid) and at times more graphic (i.e., more vivid). Furthermore, anxiety and mood disorders are among the most frequently reported mental illnesses in America (Kessler et. al., 2005). Therefore, due to their

potential for malleability in the stimulus presentation clips and the value they serve regarding external validity, I employed representations of both of these illnesses in a multiple-message design technique. Each experimental condition incorporated a clip that negatively depicts a mood disorder (e.g., bipolar disorder) and a clip that negatively depicts an anxiety disorder (obsessive-compulsive disorder) and was separated by a clip of another health condition. This form of a multiple-message design was implemented for the purpose of increasing my confidence that it is not the specific representation of mental illness that is leading to any effects (Jackson & Jacobs, 1983), but instead a more general abstraction regarding perceptions of mental illness.

There were three primary conditions in this study. Table 1 contains a visual display of the experimental conditions. Participants in each condition viewed three stimulus clips. The two experimental conditions incorporated clips of negative representations of an individual with mental illness. One condition included two clips of a character with mental illness performing actions of a negative behavioral appeal in a vivid manner and included some of the vivid characteristics utilized by Riddle (e.g., close-ups, blood, screaming; 2010). A scene from the film *Raising Genius* (2004) represented OCD in a manner in which student pilot-study participants reported high levels of both negativity and vividness. In this scene, the focal character refuses to leave the bathroom of his house, due to the fact that there is much that is uncontrollable, while his mother pleads with him to come out. A scene from the film *Manic* (2001) was found to represent bipolar disorder in a manner that was also observed to encompass high levels of negativity and vividness. In this scene, a character with bipolar disorder is portrayed attacking another individual with a razor blade. Placed between the two clips was an additional clip of a character with another health condition (i.e., cancer), that was chosen because



it was not generally perceived to be related to cognitive faculties, and was observed to have medium levels of vividness during pilot-testing. A scene from the television series *The Big C* (2010) depicting a woman with cancer at a support group was chosen as a middle clip in all conditions due to its reported moderate levels on both valence and vividness.

Another condition contained clips of individuals with mental illness and also incorporated perceptually negative behavior, but presented it in a manner which was comparably bereft of many of the vivid elements. Again, interspersed between these two low vividness, negative portrayals was the same clip of a victim of cancer depicted with moderate levels of vividness. The two clips depicting MI which were chosen for this condition included a scene depicting a detective with OCD rearranging his commanding officer's desk in the television series *Monk* (2002) and a scene depicting a man with bipolar disorder harassing customers at a restaurant in the series *The Big C* (2010).

The final condition was a control group in which participants still watched three clips depicting characters with various health conditions unrelated to mental illness. These clips came from the films *Brokedown Palace* (1999), in which man with diabetes is unable to rescue his daughter from a foreign prison, and *Kids* (1995), in which a woman with HIV is coming to terms with her diagnosis. Each of these clips was characterized by moderate ratings on both valence and vividness, much like the clip of the woman dealing with cancer that interspersed clips in all conditions. Of the three clips that participants in all conditions received, the first and last clips were randomly switched. The middle clip (i.e., the moderately vivid depiction of a female cancer victim) remained the same for all participants for the purpose of being systematic and reducing confounds. Immediately before exposure to the stimuli participants received a very

brief description of the characters they were to view and were notified of the type of illness that was being presented.

Identifying stimulus clips for the MT sample required assessing the degree to which this subject pool perceived negativity in the portrayals of various illnesses as well as the degree of vividness associated with those depictions. Similar relative ratings, compared to the student sample, were reported (and, therefore, the same clips were utilized) for the control condition (i.e., *Brokedown Palace* – diabetes and *Kids* – HIV) and the high vividness condition (i.e., *Raising Genius* – OCD and *Manic* – bipolar disorder). However, in the low vividness condition, due to perceptual differences, other clips had to be employed. These clips consisted of a scene from the film *Michael Clayton* (2007), wherein a man has a bipolar episode during a business meeting, and an alternative scene from the television program *Monk* than was utilized in the student sample, wherein a detective with OCD at a crime scene cannot stop thinking about his stove. Again, all conditions randomly switched the first and last clips. Additionally, in all conditions the clip depicting a woman with cancer from the television series *The Big C* was, again, employed. Table 4.2 contains ratings for all stimuli utilized in both for both subject pools.

**Measures.** Various measures and tasks were utilized to assess participants' perception about those with mental illness and social interaction intentions. The relevant perceptions that were assessed included evaluative beliefs, stigma beliefs, and attitudes toward those with mental disorder (i.e., prejudice endorsement). Interpersonal interaction intentions were assessed by way of measures ascertaining preferred social distance from the mentally ill. Additionally, a task was employed in which participants indicated their desire to approach or avoid a person with an unspecified mental illness in a forthcoming social situation.

*Attitudes about mental illness.* The (un)favorability of one's evaluation toward a group of people can be described as one's level of prejudice toward that group (Phelan, Link, & Dovidio, 2008). Due to the difficulty for respondents to accurately report their attitudes about others – especially members of disadvantaged populations – I employed several techniques which have been demonstrated in prior research to assess attitudes.

*Brigham prejudice scale.* With regard to the measurement of attitudes an individual holds toward a group of people (i.e., prejudice), Brigham (1993) developed a scale to explicitly assess these evaluations. His scale originally pertained to the measurement of attitudes about black people but the items are easily adapted to measure attitudes regarding those with MI. Although this measure of attitudes has its merits, some issues must be noted. Though some items in this scale are useful for gauging attitudes about a group of people, others assess perceptions more broadly. For example, certain items examine beliefs about black people (e.g., “It is likely that blacks will bring violence to neighborhoods when they move in” and “Most blacks can't be trusted to honestly deal with whites”). Additionally problematic is that other items assess social distance preferences of respondents (e.g., “I would rather not have blacks live in the same apartment building I live in” and “It would bother me if a new roommate was black”) instead of actual group-level evaluations. Social distance items are frequently utilized as a proxy for attitudes (see Curseu, Stoop, & Schalk, 2007), but the goals of this study necessitate examining how these two concepts uniquely operate.

Attitudinal items that I adapted in this study reflect status and valence evaluations that can be made about those with mental illness as a group. Key items include “If a mentally ill person were put in charge of me, I would not mind taking advice and direction from him/her,” “I get very upset when I hear someone make a prejudicial remark about the mentally ill,” “I enjoy a

funny joke about a mentally ill person, even if some people might find it offensive,” “Those who are mentally ill are those who are not inherently equals” and “It’s hard to take the mentally ill seriously.” These items should be suitable in examining attitudes toward those with MI without conflating them with other perceptions that may operate in different and independent ways.

Brigham’s (1993) prejudice scale has received attention for being an instrument that is vulnerable to social desirability biases (see Dovidio et al., 1997). Due to the explicit nature of the questions, respondents have a tendency to avoid answering them in ways that clearly indicate prejudice. Dovidio and colleagues (1997) conducted a study in which they compared responses on Brigham’s scale to a largely trusted implicit measure of attitudes (i.e., a response–latency procedure) and failed to find a significant correlation between the two. Furthermore, they found that whereas Brigham’s scale was associated with explicit evaluations of a cross-racial partner, it was not associated with implicit indications of comfort, including eye contact and blink rate. The implicit attitude response-latency procedure was, however, found to be related to these aforementioned implicit, nonverbal comfort cues. As a result of findings such as these, many researchers are somewhat cautious about using explicit attitude measures like Brigham’s (1993) scale. Due to the potential for a social desirability bias in the explicit attitudinal measures, it was also necessary to employ implicit assessments of attitudes toward those with MI.

*Error-choice test.* The error-choice test (ECT; Anotnak & Livneh, 1995; Hammond, 1948) was developed with the goal of assessing attitudes in a less obtrusive manner than with other attitude scales. The ECT is an implicit attitude measure that takes the guise of an objective measure of knowledge. Hammond (1948) defined attitudes as “a source of energy, or an affective state, capable of producing error in perception” (p. 38). With this idea in mind he posited that question items that seek information that is difficult to provide, or not readily

available, will have to be answered based upon one's predispositions. When people are forced to answer a question without accurate information, they will rely on their feelings to lead them to their preferred choice among options. Thus, a typical ECT contains items that are difficult to accurately answer. However, the responses given will be indicative of the valence with which the respondent views the target. For example, with regard to the question, "What percent of people in state prison systems have a recent history of mental illness?" larger response percentages are indicative of a more negative valence toward people with mental illness. Smaller percentages, on the other hand, would be indicative of a more positive valence. Typically, general knowledge questions (e.g., "One-half of all chronic mental illness begins by which age?") are also posed as filler items in order to keep respondents from noticing any trends. Though the optimal number of target items, and the ratio of those items to general knowledge items has fluctuated in the usage of the ECT, at least 8 target items and a ratio of 1:1 (Porter, 2010) have been observed to operate functionally as anticipated to serve as a measure of implicit attitude. Responses on target items are then utilized to create a latent attitude variable. This technique was employed in this project.

*Measurement of attitudes via expectancy-value theory.* According to an EVT approach, the beliefs an individual holds about a given target, and the valence he/she associates with those beliefs, are argued to be the basis for his/her attitudes about the target (Palmgreen & Rayburn, 1982). Most attempts to assess beliefs that would presumably be most likely to influence a person's attitude have involved, initially, ascertaining the most popular beliefs a given group of individuals holds about a given target (Fishbein, 1963). This was performed in the pilot study. Participants in the main experiment then indicated their agreement with the most widely-held beliefs (e.g., "People with mental illness tend to cause extraordinary hardship to their friends and

family”) and the valence they attributed to the characteristics referenced in each belief statement on seven-point scales. The items pertaining to agreement were anchored by the responses “strongly disagree” and “strongly agree,” whereas the valence items were anchored by the responses “very negative” and “very positive.” Both responses for each belief statement were then multiplied together and summed across all belief statements to form a composite attitudinal measure (Ajzen & Fishbein, 2008).

Due to anticipated differences regarding individual characteristics in the MT sample compared to the student sample, this scale had to be pilot-tested and developed separately. The EVT approach to attitude-formation required first assessing prominent beliefs a given population held about a particular social group. The prominence of various beliefs had the potential to differ between student and MT populations. If, in the main study, participants were asked to state their endorsement and perceptions of valence of various beliefs which were not very similar to others that they held more personally close, it would have been more likely that my calculated measure of attitudes did not tap particular evaluations that carried significant weight in the composition of attitudes. Therefore, these were assessed independently for each group.

***Social stigma beliefs.*** The stigma endorsement scale assesses agreement with several statements about social stigma perceptions (Link et al., 1989). These items were used to indicate the degree to which participants perceive those in their environment to have a negative evaluation of those with mental illness. Scores on this scale have been demonstrated in previous research to be influenced by mediated depictions of a relevant stigmatized group (Smith, 2012); therefore, this measure would appear well-suited to assessing social stigma in a similar context. Example scale items included, “Most people would accept a former mental patient as a close friend,” “Most people will hire a former mental patient if he or she is qualified for the job,” and

“Most young women would be reluctant to date a man who has been hospitalized for a serious mental disorder.” Responses range on a seven-point scale from 1) “strongly disagree” to 7) “strongly agree.”

***Behavioral intentions toward interaction with those with mental illness.*** As aforementioned, intentions toward interpersonal interaction can be observed in a number of ways. The goal in this project was to assess the degree to which individuals might be inclined to personally engage in social activity with someone who has a mental illness. I utilized both direct questions and scenarios which allowed me to gauge both hypothetically and non-hypothetically where participants’ inclinations lay.

***Social distance.*** A social distance scale was utilized to assess the degree to which a participant would be likely to engage in interaction with a person with mental illness. Though responses to these items are inherently hypothetical, they have important implications regarding preferences for future social contact with an individual who has a MI and have the potential to be influenced by media consumption patterns. I adapted items from two similar social distance scales employed by Link and colleagues (Link, et. al., 1987; Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999). Both scales examine the extent to which someone would be inclined to include a person in his/her social circle but with slightly different questions and question wording. Social distance items pertaining to one’s own inclinations to engage in social interaction included: “Could you see yourself renting a room in your home to someone with a mental illness?” “Could you see yourself spending an evening socializing with someone with mental illness?” “Could you see yourself working closely, in the future, at a job with someone with a mental illness?” and “Could you see yourself choosing to have a mentally ill person as a

neighbor?” All items are responded to with a 7-point scale ranging from 1) “I definitely could not” to 7) “I definitely could.”

*Approach-avoidance task.* I also employed an approach-avoidance task in which participants indicated their desire to socialize with a person who has an unidentified mental health condition. Following exposure to the video clip, the participants received a notice regarding an additional opportunity to serve the local health community and make some money. The notice read as follows:

We would like to offer participants a chance to make \$75 and help out the local health community. The University of Illinois Office of Extension and Outreach (OEO) is partnering with the Department of Communication to host a conference in which they are looking to recruit students to have lunch in the union with a member of a local health organization. The organizations include the American Cancer Society in Champaign, Champaign Diabetes Association, Wheelchair Advocates of America, Society for Psychiatric Services in Champaign, and the National Cancer Institute in Champaign.

The OEO has received a grant and is able to offer students \$75 for participating in a 30-45-minute lunch with a member and recipient of services from the organization. The members are all extraordinarily eager to talk with students about life at the University of Illinois. If you are willing, answer a few quick questions and we will contact you to set up a date and time that works best for you. On the next page you will be given the chance to see and rank with whom you would like to have lunch.

After reading this notice, on the next page participants were asked, “Does this opportunity sound like something that you would be willing to consider? By saying ‘Yes’ here you are NOT yet



making any formal commitments. At this time we would like to gauge interest.” Those who indicated any interest moved on to a screen where they were given five options and told to rank with whom they would like to have their lunch.

The organization names serve as the primary indicator that certain patients likely have some sort of mental illness. Organizations that were utilized include *American Cancer Society in Champaign*, *Champaign Diabetes Association*, *Wheelchair Advocates of America*, *National Cancer Institute in Champaign*, and *Society for Psychiatric Services in Champaign*. As the patients from the *Society for Psychiatric Services in Champaign* organization are ranked higher or lower this can be taken as evidence of a desire to approach or avoid, respectively, someone with some sort of mental illness. By utilizing mediation modeling I will be able to test a model wherein exposure predicts key perceptions about those with mental illness and in which perceptions influence intentions to interact. See Figure 1 for the hypothesized model.

***Frequency of exposure to distorted depictions.*** Due to the difficulty that participants may experience in recalling the types of representations they may have encountered with regard to those who have a MI over time, other methods will have to be employed in order to ascertain patterns of long-term exposure to mental illness in the media. Utilizing results from the pilot study, I incorporated the top five television programs that were both the most watched and portrayed individuals with MI in the most dangerous ways. This should allow me to assess the impact of frequency of exposure to distorted depictions. The top five television programs consisted of *American Horror Story*, *Castle*, *Criminal Minds*, *Law and Order: SVU*, and *Pretty Little Liars*. Participants were asked: “How often do you watch the following program?” Responses were given on a 7-point scales ranging from 1 (“Never”) to 7 (“Very often”).

Recognition of the need to take into account diversity in media content portrayals was a major criticism of cultivation research for a long period of time (see Morgan & Shanahan, 2010; Potter, 1993). Even though some early work examined the influence of specific genres on perceptions about the real-world, this research was not initially prevalent. One example of this early work was conducted by Buerkel-Rothfuss and Mayes (1981). In this study, the researchers assessed the influence of soap opera viewing on real-world occupational and lifestyle estimates. Their findings revealed that increased consumption of this genre of programming was associated with larger estimates of the number of people who worked as doctors, lawyers, and housewives. Moreover, consumption was positively associated with perceptions about the number of divorces and affairs that occur in the real world, all of which are themes common to the soap-opera genre. Researchers have observed that specific genres of media content are more likely to portray those with mental illness in a distorted fashion. These genres include the news (Diefenbach, 1997; Klin & Lemish, 2008), dramas (Klin & Lemish, 2008; more specifically medical and crime-dramas; Diefenbach, 1997), situation comedies (Diefenbach, 1997; Stout, Villegas & Jennings, 2004), and soap operas (Klin & Lemish, 2008; Stout et. al., 2004). Participants were asked: “How often do you watch \_\_\_\_\_ television programming?” Again, responses were given on a 7-point scales ranging from 1 (“Never”) to 7 (“Very often”).

Additionally, other scholars have noted that “[r]egardless of genre studied, media have been found to provide overwhelmingly dramatic and distorted images of mental illness that emphasize dangerousness, criminality, and unpredictability” (Stuart, 2006, p. 103). Therefore, overall television consumption was also assessed as a predictor of mental illness perceptions. Participants were asked how many hours they consumed television programming at four separate points in the day (i.e., morning, in between classes, before/during dinner time, and after dinner

time but before bed) during both a typical weekday and weekend. Weekday scores were increased by a factor of five while weekend scores were increased by a factor of two in order to construct a typical week of consumption. As the viewing of certain media genres and specific programming -- which have been observed to depict mental illness negatively -- increase, the expectation is that one's own positive perceptions and intentions to interact with those with MI would decline.

Assessing the frequency of consumption of negative portrayals of MI for the MT sample required, first, assessing which programs had the most negative depictions of MI and were the most consumed by this particular population. It was possible that this population watched different programs or had a slightly altered view of what could be characterized as a negative and dangerous depiction of MI. Therefore, this instrument had to be pilot-tested specifically with regard to the MT sample. The top five television programs consisted of *Bates Motel*, *Criminal Minds*, *Hannibal*, *NCIS*, and *The Following*. Again, participants in the main study were asked: "How often do you watch the following program?" and responses were given on a 7-point scale ranging from 1 ("Never") to 7 ("Very often"). Though particular items assessing frequency of negative consumption were calculated based on different reported perceptions between samples, the intersubjective quantitative ratings given by each population should be relatively comparable. Even if, for example, different programs are ranked as the most negative or dangerous, the conceptual differences between those programs and other programs remains intact. This is to say that, even though there are differences in certain parts of my experimental instruments between populations, these differences were instituted so that accurate comparisons could be made between both populations.

***Control Variables.*** Random assignment of participants to the conditions should curtail the influence of confounding characteristics on any results. Nevertheless, there are traits that if, by chance, are more prevalent in certain conditions, could fundamentally distort findings. Moreover, if effect sizes are small, I would desire to enhance my ability to detect them. There is a possibility that people of different genders and races can be influenced by the media—and perceive of mental illness—in fundamentally different ways. Therefore, these characteristics were controlled. Likewise, socio-economic status might influence perceptions of mental illness due to varying degrees of acceptance of the validity of mental illness or even perceived access to healthcare facilities. Therefore, household income was assessed and included as a control as well. Overall media consumption could potentially influence how subjects process the messages; thus, when analyses do not call for this trait to serve as a main predictor, I will control for it. Alternatively, when I seek to assess the influence of past consumption on current perceptions, I control for the experimental condition to which participants belong. Additionally, an item also assesses familiarity with the particular clips that were viewed.

When participants are asked to give opinions that may be considered taboo there is an increased chance that respondents will “fake good,” and answer in a way that they perceive to be socially acceptable (Crowne & Marlowe, 1960). Such a demand characteristic could clearly distort data. Due to the potential for the items ascertaining endorsement of prejudice and social stigma for the mentally ill to be influenced by social desirability, I employ the Marlowe-Crowne Social Desirability Scale short form (Reynolds, 1982) in an attempt to control for this trait. This scale assesses social desirability by probing respondents’ true/false agreement with a series of otherwise unrelated items indicating one’s inclination for giving socially acceptable answers. Items including “I sometimes feel resentful when I get my way,” “I am always courteous, even to

people who are disagreeable,” and “I have never deliberately said something that hurt someone’s feelings” served to tap into a given person’s tendency to always give the most socially acceptable responses. This scale has been demonstrated to be reliable in previous research and to have criterion validity due to observed consistency with other social desirability scales (Reynolds, 1982). Controlling for this trait allows me to increase the confidence I would have toward the responses to my evaluative measures.

Lastly, cultivation theorists predict that the effect of media exposure on perceptions of social reality is less likely to occur when one’s direct experiences contradict what is depicted in often-distorted media messages (Morgan & Shanahan, 2010). Due to the potential for such confounds, an item was included that assesses the participants’ familiarity with mental illness. Participants were asked to respond with a yes or no to the item, “Are you or anyone close to you, dealing with (or have dealt with) a mental illness?” The inclusion of this assessment of past experiences may be advantageous, considering how scholars have discussed that it has the potential to influence future behavioral intentions (Conner & Armitage, 1998).

### **Data analysis**

Mediation modeling, using Andrew Hayes’ *Mediate* macro (Hayes & Preacher, 2014), is utilized to examine the hypothesized relationships in Figure 1. This software package allows the researcher to utilize either continuous or multi-categorical predictor variables in models with a single outcome variable and multiple mediators. This method removes the variance covariates explain in the various endogenous variables before assessing the impact of predictors. All scales are analyzed with Cronbach’s alpha for reliability to ensure that they represent their individual concept and are not influenced by outlying items. Coefficients are examined to assess the direction and strength of relationships. Two concepts (i.e., social attitudes and interpersonal

inclinations) are assessed with implicit and explicit measures. Both types of variables will be independently tested.

## CHAPTER 5

### RESULTS

The analyses conducted were guided by the hypotheses presented in Chapter 2. Evidence of social stigma and attitudes significantly mediating the relationship between exposure to negative depictions of mental illness (MI) and intentions to interact with those who have an MI will indicate support for the model of mediated interaction intentions. Notably, when exposure enhances accessibility of a particular perception of MI (via vividness, recency, or frequency processes) and indirectly influences socio-behavioral intentions through both social stigma and attitudes, these results will be characterized as full support for the model. When there is an indirect effect, though only through either social stigma or attitudes, this will be characterized as partial support. In the various analyses to be reported in this chapter I find weak support for my primary predictions. One outcome variable not associated with any indirect effects of exposure in any models was the approach-avoidance task.

As a result of participants in the *Mechanical Turk* (MT) sample being administered the survey protocol remotely, several design elements were necessarily different from the student sample. The MT sample was not confined to a common location (as was the case with the student sample) nor was any identifying information collected. Therefore, it was not feasible to administer the AAT to this sample. It was not possible to ask these participants whether they wanted to participate in a local program and assess their non-hypothetical intentions to interact with people who had various illnesses because there was no way to convince participants that they could conceivably commit to or be involved with the future social interaction. Therefore, the more hypothetical social distance scale had to serve as the only indication of a participant's behavioral intentions to interact with an individual who has a mental illness. Due to the fact that

the AAT was only implemented in the student sample, social distance will be discussed herein as the primary indicator of socio-behavioral intentions.

### **Preliminary Analyses**

**Manipulation checks.** Items assessing the degree to which experimental manipulations were successful were incorporated into the questionnaire for the second round of Mechanical Turk (MT) participants at the end of the study. In order to ascertain whether participants were aware of which illnesses they were being presented they were asked, “What types of illness were primarily presented to you in the clips you viewed?” Options included “Auto-immune (e.g., HIV/AIDS),” “Cancer,” “Mental illness,” and “Diabetes,” and participants could check as many boxes as they wished. Participants in the experimental conditions checked the box for MI significantly more than did those in the control group ( $F= 3394.86, p<.001$ ).

In order to ascertain whether participants perceived of the clips with the anticipated valence they were asked, “How do you think that an average person would evaluate the overall content of the clips you viewed?” and responded on a seven-point scale. Results revealed significant differences by condition ( $F= 22.74, p<.001$ ). The high vividness condition received the most negative score, and though the low vividness condition was slightly more positive than the control group, all conditions were observed to have scores which fell below the mid-point. Finally, with regard to ascertaining whether the participants perceived vividness in the clips, as anticipated, respondents were asked to state their agreement with the statement, “At least one of the clips I viewed contained a highly exaggerated portrayal of an illness.” Results revealed significant differences between experimental vividness conditions ( $F= 35.50, p<.001$ ). Though both conditions were associated with average scores above the mid-point, ratings for those in the high vividness condition were more than a full unit higher, on average, than the ratings for the



low vivid condition. In all, there is evidence that my manipulations operated not perfectly, though generally as expected.

**Descriptive statistics and sample differences.** With regard to the primary constructs relating to mediated exposure as well as perceptions of those with MI, several notable patterns were observed. See Table 3 and Table 4 for these data. Average attitudes toward those with MI were fairly positive, with the MT sample holding slightly more positive attitudes. Social stigma beliefs in both samples were fairly high, averaging over a full unit above the mid-point. Preferred social distance, however, was observed to have ratings below the mid-point in both samples, though not much below. The MT sample was observed to watch nearly 90 minutes more television during a typical day than did the student sample, which, on average, consumed about two and a half hours a day. With regard to both exposure to negative MI depiction television programs and negative MI depiction genres, participants reported consumption at least a unit below the mid-point.

**Bivariate relationships among key variables.** Bivariate correlation analyses were conducted on the primary predictor and outcome variables to preliminarily assess any relationships, therein. These data are presented in Table 5 and Table 6 for the student sample and the MT sample, respectively. In both samples, the exposure variables (i.e., total television consumption, negative MI television exposure, and negative MI genre exposure) were all observed to be significantly related to one another. This is sensible because one would expect that as a viewer consumes more genres with negative depictions of MI, he/she will also consume more television programs which depict MI negatively. Moreover, as both of these consumption rates increase, it follows that a media consumer would also be consuming more television, in general. In the student sample overall television consumption and exposure to negative MI

television programs were both found to be related to social stigma beliefs in the positive direction the proposed model predicted. In the MT sample all three measures of consumption frequency were found to be negatively related to attitudes in the direction opposite of what was predicted in the proposed model.

In the student sample, findings revealed that social distance preferences were positively related to approach-avoidance tendencies with regard to people with MI. This result provides some construct validity for the approach-avoidance task which was employed with this sample. Specifically, people who indicated a desire for greater social distance from those with MI also provided less favorable prospective social engagement rankings to individuals with a MI compared to individuals who did not. In the MT sample attitudes and perceived social stigma were negatively correlated with one another. As attitudes grew more positive, there was less perceived social stigma. In both samples, social stigma beliefs were positively correlated with social distance preferences. Such a relationship was expected due to the fact that one component of the proposed model states that as people perceive more stigma with regard to MI, they will also prefer greater social distance from individuals who are perceived to have a MI. Lastly, attitudes about people with MI were negatively associated with social distance preferences, though only for the MT sample. This is to say that as attitudes grew more positive social distance preferences decreased, indicating a greater willingness to interact with people who have an MI. Again, this relationship is predicted by the proposed model, though of critical import is the manner in which exposure to negative depictions of MI will influence interpersonal inclinations, via attitudes and stigma perceptions. Next, I turn to a series of mediation analyses examining this very relationship via various accessibility processes (i.e., recency, vividness, and frequency).

## Mediation analyses

The following are several sets of mediation analyses primarily assessing the previously stated hypotheses, including the direct effects of exposure on attitudes and social stigma, as well as the indirect effect of exposure on social inclinations via both attitudes and social stigma. A basic description of this analytical procedure would be that of a series of coordinated regression analyses. A macro for these analyses, computed via SPSS, is adapted to account for categorical predictor variables via a dummy-coding procedure (Hayes & Preacher, 2014). Analyses assessing the indirect effects of exposure on social inclinations (i.e., social distance preferences) will be accompanied with an omnibus test of those effects. The omnibus tests serve several purposes pertaining to the clarification of the influence of the initial predictor variable on the final outcome variable. According to Hayes (2014), when the primary predictor variable (i.e., exposure) is categorical, one function of the omnibus test is to examine the nature of the group means for each level of the categorical variable as they pertain to the outcome variable (i.e., social inclinations).

The omnibus test for the indirect effect additionally assesses whether the predictor variable is a suitable predictor of the primary outcome variable when added to a model already containing the covariates, via an examination of the change in  $R^2$ . This test is significant when the relationship between the predictor and the outcome variable is fully mediated (i.e., there is no direct relationship between the predictor and outcome variable). When the test for an indirect effect is significant, but the omnibus test is not, it could be said that there is only partial mediation. Such an interpretation, however, has been heavily criticized by researchers. Hayes and Preacher (2014) argue that interpreting indirect effects in terms of their relative direct and total effects is somewhat inaccurate and short-sighted. Following the reasoning of Rucker and

colleagues (2011), one could argue that research that first establishes a total effect before establishing other criteria for full mediation (i.e., the existence of an indirect effect, and nonsignificant direct effect) is erroneous due to the fact that indirect effects may exist without a total effect.

One example of this would be if suppressor variables are not accounted for, which would increase the chances of observing a nonsignificant total effect. To illustrate this point, Rucker and colleagues (2011) offer the following example from McFatter (1979):

Whereas intelligence (X) is expected to be associated with greater ability (M) and therefore enhanced performance (Y)... this relationship might be suppressed by intelligence leading to greater task boredom (S), because boredom harms performance.

In this example, there is a mediating effect of ability as well as a suppressing effect of boredom. Before accounting for the suppressor variable, the total effect of intelligence on performance might appear to be zero, but that would not be an accurate description of the effect of intelligence on the outcome.

Thus, suppression effects (a type of mediator, Rucker et. al., 2011) may obscure the true nature of total and direct effects. Therefore, total and direct effects should not be utilized in decision-making regarding the existence of “full” mediation.

Indirect effects are calculated by the macro using bias-corrected 95% confidence intervals (CI) based on 5,000 bootstrap samples. When the CIs do not include zero, one can claim an indirect effect of a predictor variable on an outcome variable through the proposed mediator(s). In all, the omnibus tests go beyond assessing the effect of a predictor on an outcome variable and further examine whether the variance explained by this relationship goes beyond that which would be explained by the other variables in the model. Now that I have

explained how one of the more critical components of my analyses should be interpreted, I will explore the role of media exposure in influencing social perceptions and inclinations through various accessibility-oriented priming processes (i.e., recency of exposure, vividness of exposure, and frequency of exposure).

**Effects of recent exposure to negative depictions of MI.** The impact of recent exposure to a negative MI depiction was assessed in several ways. As an initial step, I collapsed the two experimental conditions (low vividness and high vividness negative depictions) into one group and compared this group's perceptions and inclinations with that of the control group which was not exposed to clips featuring MI, but clips featuring individuals dealing with other illnesses. In order to further probe these relationships, these analyses were, again, conducted with each condition serving as its own unique group and the control group serving as the comparison group in the analysis utilizing indicator coding.

**Effect of recent exposure on attitudes.** H1 predicted that participants who had recently consumed negative depictions of MI would hold more negative attitudes toward people with MI. In the student sample no direct effects were observed denoting an influence of being exposed to negative depictions of MI on attitudes (see Table 7). In the MT sample, however, this relationship was marginally significant (see Table 8). Probing the finding observed in the MT sample further, it is revealed that consumption of only highly vivid negative depictions was associated with significant direct effects on attitude compared to the control condition (see Table 10). The coefficient was observed to be in the predicted negative direction. These data suggest some very limited support for H1.

**Effect of recent exposure on social stigma beliefs.** H2 predicted that participants who had recently consumed negative depictions of MI would hold more social stigma beliefs toward

those with MI. In neither the student nor MT sample were direct effects observed that denote an influence of negative MI depiction exposure on social stigma beliefs. These analyses are depicted in Table 11 and Table 12, respectively. Examining further, the evidence revealed that in the student sample there was no direct effect of low vividness depictions on social stigma beliefs; however, there was a direct effect of highly vivid messages compared to the control group (see Table 13). In the MT sample no such patterns were found. These data suggest limited support for H2.

***Indirect effect of recent exposure on social inclinations.*** H3 predicted that participants who had recently consumed negative depictions of MI would desire increased social distance from those with MI and that this relationship would be mediated by both attitudes and perceived social stigma toward those with MI. In the student sample (see Table 15) no indirect effects were observed denoting an influence of being exposed to negative depictions of MI on social distance preferences (see Figure 2 for path coefficients). The MT sample results revealed that exposure to a negative depiction of MI had an indirect effect on social distance via social stigma, and a limited indirect effect via attitudes (see Figure 3 for path coefficients).

Recent exposure was not observed to have a significant indirect relationship with social distance via social stigma; however, this omnibus relationship was found to be significant. This finding indicates that only after accounting for the variance the covariates explained did recent exposure influence social inclinations via social stigma. For the indirect effect through attitudes, the 95% CI indicated significance for the predictor variable though not for the omnibus test of indirect effects, signifying that this indirect relationship did significantly improve upon the variance explained by the covariates. This analysis is reported in Table 16. Examining further, it was observed that there was an indirect effect of highly vivid messages compared to the

control group, though not for the low vivid messages compared to the control group through attitudes (see Table 18). Nevertheless, the lack of a significant omnibus test indicates that the relationship did not improve upon the variance explained by the covariates for attitudes, though not for stigma. These data suggest very limited support for H3.

**Effect of the vividness of negative depictions of MI.** The impact of vividness was also assessed with both samples. For these analyses the control group was dropped and participants in the low and high vividness conditions were examined for differences on social perceptions and inclinations with regard to those with MI.

**Effect of vividness on attitudes.** H4 predicted that participants who consumed the most vivid, negative depictions of people with MI would hold the most prejudice toward this social group. In the student sample only a marginally significant direct effect was observed denoting that exposure to a more strongly vivid depiction of MI engenders more sharply negative attitudes. In the MT sample, however, this relationship was not observed. These results are presented in Table 19 and Table 20, respectively. These data suggest no substantial support for H4.

**Effect of vividness on social stigma beliefs.** H5 predicted that participants who consumed the most vivid, negative depictions of people with MI would hold the strongest social stigma beliefs toward those with MI. In neither the student nor MT sample were direct effects observed denoting an influence of exposure to more vivid depictions of MI on social stigma beliefs. These analyses are reported in Table 21 and Table 22, respectively. These data suggest no support for H5.

**Indirect effect of vividness on social inclinations.** H6 predicted that participants in the heightened vividness condition would desire increased social distance from those with MI and

that this relationship would be mediated by both attitudes and perceived social stigma toward those with MI. In neither the student sample nor the MT sample were indirect effects observed in line with this prediction (see Figure 4 and Figure 5, respectively, for path coefficients). These results are reported in Table 23 and Table 24, respectively. These data suggest no support for H6.

**Effect of the frequency of exposure to negative depictions of MI.** The impact of frequency was assessed via three different predictor variables. For these analyses overall television consumption, exposure to specific genres of television content observed to routinely depict MI negatively, and exposure to specific television programs identified by the given sample as popular among the population and with routine negative depictions of MI were all assessed for influences. The latter two predictor variables were utilized to probe for the impact of frequent exposure to specific types of content. These analyses include the covariates used in the previous models with the additional control for experimental condition. This control should mitigate the influence of the various experimental exposure conditions.

***Effect of frequency of exposure on attitudes.*** H7 predicted that participants who routinely consume negative depictions of people with MI would hold the most prejudice toward this social group. With regard to overall television consumption, results from both the student and MT sample revealed a significant direct effect in the opposite direction of the hypothesized relationship. Those who consumed more television, overall, were found to report the most positive attitudes toward those with MI. These analyses are reported in Table 25 and Table 26, respectively. Thus, there is no support for H7a.

With regard to the impact of frequent consumption of television genres that have been observed to depict MI most dangerously negative, results from the student sample revealed no



significant effects. Results from the MT sample, however, revealed a significant direct effect in the opposite direction of the hypothesized relationship. These analyses are presented in Table 27 and Table 28, respectively. This reveals no support for H7b. Finally, I assessed the impact of routine consumption of five television programs which were designated in a pilot test to be the most heavily consumed negative disseminators of depictions of MI. While no significant direct effects were observed in the student sample, in the MT sample evidence of a significant effect was revealed, again, in the opposite direction than was hypothesized. These data suggest no support for H7c and are presented in Table 29 and Table 30, respectively. Indeed, where significant relationships were observed they ran counter to the predictions contained in H7.

*Effect of frequency of exposure on social stigma beliefs.* H8 predicted that participants who routinely consume negative depictions of people with MI would hold the most social stigma beliefs toward those with MI. In neither the student nor MT samples was a significant relationship observed between overall television consumption and stigma perceptions (see Table 31 and Table 32, respectively). This provided no support for H8a. An effect of routine consumption of genres known to depict MI negatively on social stigma perceptions was also not observed to be significant in the student sample. In the MT sample a marginally significant relationship was observed, though in the opposite direction of H8b (see Table 33 and Table 34, respectively). This provided no support for H8b. Finally, with regard to the influence of frequent consumption of television programs depicting MI negatively, the relationship was observed to be marginally significant (in the predicted direction) in the student sample (see Table 35). No significant impact of exposure on social stigma perceptions was observed in the MT sample (see Table 36). This provides very limited support for H8c. These data largely suggest no support for H8.

***Indirect effect of frequency of exposure on social inclinations.*** H9 predicted that participants who routinely consume negative depictions of people with MI would desire increased social distance from those with MI and that this relationship would be mediated by both attitudes and perceived social stigma toward those with MI. Overall television consumption was not observed to have a significant indirect relationship with social distance in neither the student nor the MT sample. See Table 37 and Table 38, respectively, for analyses. See Figure 6 and Figure 7, respectively, for path coefficients. These data provide no support for H9a.

With regard to the influence of frequent exposure to genres which depict MI negatively, the student sample revealed no significant indirect effects (see Table 39 analyses and Figure 8 for path coefficients). The MT sample, however, revealed a significant indirect effect of exposure to these genres on social distance preferences via attitudes. This relationship was found to run counter to expectations. Additionally, the omnibus test also failed to reach significance, indicating that this relationship did not significantly explain variance beyond the covariates. Social stigma perceptions were not found to mediate this relationship (see Table 40 analyses and Figure 9 for path coefficients). Thus, these data provide no support for H9b.

The influence of frequent consumption of television programs depicting MI negatively was observed in the same manner as the other two previously discussed frequency of exposure predictors. In the student sample (see Table 41) no indirect effects were observed regarding frequent consumption of these programs (see Figure 10 for path coefficients). In the MT sample, however, a significant indirect relationship and omnibus effect were both observed via attitudes, though not via social stigma (see Table 42 for analyses and Figure 11 for path coefficients). The relationship observed, however, ran in the opposite direction of the prediction. This finding

indicates that the indirect effect was present both before and after variance was explained by the covariates. Thus, these data provide no support for H9c and H9, overall.

## CHAPTER 6

### DISCUSSION AND CONCLUSIONS

Research suggests that particular patterns of media consumption can influence various social perceptions (see Morgan & Shanahan, 2010). Additionally, there is evidence to suggest that an individual's perceptions play a vital role in determining various behavioral acts, tendencies, and inclinations (see Fishbein & Ajzen, 2010). A primary goal of this dissertation was to investigate the potential mechanisms by which media exposure could influence future social behavior. As a suitable indication of future social behavior, interpersonal interaction intentions (Webb & Sheeran, 2006) were utilized and measured via social distance items as well as an approach-avoidance task. A model of mediated interaction intentions was proposed, drawing heavily from psychological theory, and incorporating perceived social stigma and attitudes associated with a given social group, as contributing explanatory mechanisms. This model was tested via an experimental procedure in which exposure to negative depictions of individuals with mental illness (MI) and the vividness of those depictions were manipulated. The purpose of these manipulations was to assess the impact of various types of message consumption on interpersonal inclinations.

In this chapter, findings observed will be discussed in several ways. First, the results will be addressed in terms of the degree to which they support my proposed model. Second, the findings will be given treatment with regard to the implications they have for the conceptual frameworks that guided the model production. Third, various issues and limitations of the study will be addressed, paying particular attention to how the research design could be improved. Finally, avenues for future research will be considered which should serve to further the

overarching goal of this dissertation -- and overall line of research -- to explore the mechanisms at work regarding the impact of media consumption on the social nature of consumers.

### **Support for hypothesized models**

Overall, the mediated interaction intentions model, formally proposed in chapter 3, did not receive much support. Though evidence was observed that supported various contentions in the model, there were also a number of null findings, and even a few relationships which ran counter to predictions. Following the organizational pattern put forth in the hypotheses of chapter 3, and the results section of chapter 5, I discuss model support in terms of the three accessibility-facilitating constructs. First I will discuss the impact of recent exposure to negative portrayals of MI. Then, I will discuss the role of the vividness of the portrayals. Finally, I will examine the impact of the various indicators of frequency of negative MI portrayal consumption. Where support for the hypotheses is not observed, I attempt to provide some potential rationale for why this occurred.

**Role of recency of exposure influencing interaction intentions.** With regard to the impact of being recently exposed to negative depictions of MI, the hypothesis most closely related to the overall research inquiry predicted that exposure would indirectly diminish desires for social interaction, mediated by both attitudes and social stigma perceptions (H3). Data from the student sample revealed no support for this prediction, though coefficients were in the appropriate direction.

The *Mechanical Turk* (MT) sample, however, revealed there to be an indirect relationship between recent exposure to negative depictions and preferred social distance via social stigma and attitudes. Though not perfect, this finding provides the best support for the hypothesized model. The indirect relationship through social stigma was only observed in the omnibus effect,

indicating that only after the covariates were entered in the model did the indirect effect adequately account for the remaining variance. The omnibus indirect effect was not observed, however, via attitudes, indicating that though this mediational relationship existed, it did not substantially account for enough additional variance when other factors were controlled.

In particular, familiarity with MI and income were two covariates that had a significant impact on explaining the variance of social distance preferences. When participants had not encountered MI in some way, or as they reported more income, they tended to prefer greater social distance from those with a MI. These findings are not all that surprising. Respondents who indicated familiarity with MI were those who had either experienced a MI or who were close to someone who had experienced one. Social identity theorists have argued that people tend to assign positively biased perceptions, as well as more favorable interaction intentions, to others who could be considered part of a salient in-group (Tajfel & Turner, 1979). Additionally, previous contact with individuals of a potentially stigmatized out-group has been observed to be one of the most consistent predictors of reductions in prejudice and avoidance of those groups (Pettigrew & Tropp, 2008). Thus, it would seem sensible that familiarity with MI would serve as a critical influence on interaction intentions with regard to those who belong to this social group. Indeed, MI familiarity was one of the most frequent predictors of attitudes, social stigma, and interaction intentions in both the student and MT samples.

Moreover, income had a reoccurring positive relationship with social distance preferences, notably in the student sample. This finding makes sense for reasons similar to that of the impact of MI familiarity due to the fact there is some evidence to suggest that those with a diagnosed MI tend to have a lower income than the rest of the general population (Nordt, Muller,

Rossler, & Lauber, 2007). Therefore, those indicating a lower income bracket could be expected to be a bit more familiar with a MI, themselves, or an individual exhibiting symptoms of MI.

**Role of vividness of exposures influencing interaction intentions.** The vividness of the negative depictions of MI did not reveal any patterns consistent with the primary prediction for this accessibility facilitator. Via H6, it was argued that as negative depictions of MI are increasingly vivid, social distance preferences should increase, mediated by both attitudes and perceived social stigma toward those with MI. No support for this finding was observed. It is conceivable that the relative differences in vividness of the clips containing negative depictions of MI were not disproportionate enough to engender the predicted effects. Though manipulation checks revealed that participants were generally aware that the portrayals in the highly vivid condition contained imagery which depicted illness in a more engrossing manner than in the low vividness condition, this distinction did not translate to perceptual outcome differences. Future research of this sort will have to give increased attention to the procurement of stimuli that are more markedly different along this dimension of accessibility facilitation.

A direct effect of vividness was, however, observed on social distance ( $b = 0.74, p = .036$ ) in the student sample. Though not hypothesized, this relationship is in a direction consistent with other expectations. As the vividness of the portrayal increased, participants indicated a greater desire for social distance. Such a result identifying the impact of the vividness of a negative depiction on social inclinations has, to this author's knowledge, not yet been observed in the literature. Though it still falls short of identifying the perceptual mechanisms by which this association has occurred – a primary goal of this dissertation – it is still an edifying result which supports the notion that the vividness of a portrayal can have important social implications. Additionally, vividness was also observed to have a marginal

direct effect on attitudes toward those with MI, in the student sample. Though marginal, this result points to the potential for this mechanism to play a role regarding the examination of the influence of vividness on social behavior. The fact that the 95% bootstrap confidence interval (CI) lower bounds approached zero through attitudes in the student sample omnibus indirect effects analyses (see Table 23) lends a modicum of support to this contention.

**Role of frequency of exposures influencing interaction intentions.** The examination of the influence of frequent exposure to negative MI depictions revealed a number of surprising results running counter to predictions.

***Frequency of general television consumption.*** Neither the student sample nor the MT sample revealed any indirect effects of general television consumption on social inclinations. Of the three variables indicating frequent consumption of negative portrayals of MI, overall television consumption could be considered to have the relative least chance of adhering to the hypothesized model. Such a consideration exists due to the large potential for varied and dissimilar media diets which could develop, even among individuals with similar consumption rates. Though scholars have noted that, in general, media are rife with negative and distorted depictions of MI (Stuart, 2006), others have noted the folly in expecting overall consumption rates to predict widespread and uniform social reality perceptions (e.g., Potter, 1993).

***Frequency of consumption of television genres with negative MI portrayals.*** In probing the influence of frequency of exposures to negative depictions of MI it was important to move beyond the assessment of the impact of mere exposure to television (a criticism of past research examining the effect that media exposure has on perceptions of social reality, Morgan & Shanahan, 2010). Frequency of consumption of specific television genres and television programs that were associated with negative portrayals was also examined for a potential indirect



effect on social inclinations via social perceptions. Whereas the student sample revealed no indirect effects of frequent consumption of genres associated with negative MI depictions, the MT sample revealed an indirect effect via attitudes, which ran counter to expectation. This is to say, frequent consumption of these genres was associated with a desire for less social distance, and this relationship was mediated by attitudes toward those with MI. The omnibus effect of this relationship was not observed, however, indicating that other personal characteristics (e.g., income, MI familiarity) may explain this variance.

A surprising result, with regard to frequent negative MI genre consumption, pertains to the direct effect this consumption had on social distance in the student sample ( $b = -0.33$ ,  $p = .019$ ). Most surprising was that this direct effect ran counter to expectation. As participants in this sample consumed more of these genres they indicated a desire for less social distance from members of this social group. This result is difficult to interpret for a number of reasons, including that this media exposure had neither significant direct influence on attitudes nor social stigma perceptions. This is to say it is not apparent what mechanisms are driving this association. Moreover, if the depictions of MI in the genres are truly negative, a negative result would be expected. One explanation could be that these genres are not as negative toward those with MI in the contemporary media landscape as has been previously observed. It would be imprudent to argue that these genres no longer depict MI in an influential manner considering that some sort of relationship appears evident. One could argue, then, that perhaps the representations of MI are improving. Without an updated analysis of the content, however, it would not seem prudent to make this assumption either. It is then possible that the mere exposure of consumers to those with MI (especially if not extremely negative) is making student sample consumers more comfortable with idea of interacting with members of this social group.

This would be analogous to the aforementioned research which purports that through intergroup contact, prejudice can be reduced (Pettigrew & Tropp, 2008). It would seem logical that this intergroup contact would be most effective at reducing prejudice if perceived with a valence no more negative than neutral. If the student sample perceives of characters with MI to be depicted this way, it may be enough to enhance social comfort.

***Frequency of consumption of television programs with negative MI portrayals.***

Whereas there were no indirect effects of consuming the five television programs reported to most negatively portray people with MI in the student sample, an indirect effect for this type of media consumption was observed in the MT sample. Additionally, the omnibus indirect effect was also observed for this relationship. Such a finding indicates that the inclusion of these programs (i.e., *Bates Motel*, *Criminal Minds*, *Hannibal*, *NCIS*, and *The Following*) in one's media diet indirectly influences interpersonal interaction intentions via attitudes both before and after the variance is explained by the covariates. Surprisingly, however, this relationship was revealed to run counter to expectations. Moreover, while the indirect relationship between media consumption and social distance was negative, the direct relationship was observed to be significantly positive. This result may, on its face, appear tremendously perplexing, but one suitable explanation may be found in an explanation of suppressor variables.

As mentioned in chapter 5, the inclusion (or exclusion) of suppressor variables in mediation models can influence the nature of total and direct effects. Suppressor variables are, essentially, mediator variables with the distinction that “[i]f the indirect effect has the same sign as the total effect, the intervening variable is viewed as a mediator. If an indirect effect has the opposite sign of the total effect, the intervening variable is a suppressor because it weakens the observed relationship by its omission.” (Rucker et. al., 2011, p. 367) When a suppressor variable

is not accounted for, it can “suppress” the effect of the primary predictor variable on the primary outcome variable. With regard to this particular example, the total effect of consuming these negative MI television programs on social distance preferences was nonsignificantly positive. When attitudes were included as a mediating variable (positively predicted from exposure, and negatively predicting social distance), the remaining direct effect between exposure and social distance was positive. Therefore, the exclusion of attitudes from the model contributed to a suppression of the impact of exposure on social distance preferences.

On its face, this finding can practically be interpreted to suggest that exposure to programs depicting people with MI has a negative indirect effect on social distance via attitudes as well as a simultaneous positive direct effect on social distance. In truth, reconciling these two relationships requires a more critical approach. One avenue for reconciliation pertains to an examination of the attitude variable. The attitude variable was constructed utilizing an expectancy-value theory approach (see Palmgreen & Rayburn, 1982). Prominent beliefs about MI were garnered in a pilot test and respondents indicated their agreement with statements (e.g., “People with mental illness can seem just like anyone else in society” and “Mental illness can never be completely cured”) as well as their perceptions of the valence of the ideas in those statements. These two scores were multiplied to form an attitude measure. It is possible that those participants who increasingly consumed this type of negative MI depiction content perceived of the qualities in the belief statements less negatively than those who consumed less of this type of content. Those who consumed more of the five programs, rated as most severely negative, may have worse ideas in mind about the behaviors in which people with MI typically engage, and, therefore, perceive of the attributes in the belief statements as comparatively less negative than do other participants. As a result, it may appear that attitudes are more positive

when, in truth, it is merely the perceptions of the qualities in the survey instrument that were viewed more positively.

Alternatively, those individuals who consume these programs may feel a greater perceived familiarity with people with MI. If this is the case, exposure to these programs could be, in some respects, analogous to actual familiarity with MI, and operate in a similar fashion. Because familiarity was frequently associated with more positive attitudes, it would follow that perceived familiarity (indicated by exposure to programs frequently depicting characters with MI) would also be associated with more positive feelings. Because the interactions on televisions are mediated, the positive relationship of exposure with attitudes may not be expected to extend directly to actual interaction intentions, an extension observed with regard to actual familiarity based on face-to-face interaction. With either explanation of the surprising attitude-exposure association, subsequent positive attitudes would be expected to be related to less social distance. This expectation is, in part, justified by the frequent use of social distance items in attitude measures, in this very fashion (e.g., Link et. al., 1999), and was observed in the data. The notion of attitudes serving as a suppressor variable could then be utilized to argue that only after the attitude variable was included in the model did the accurate (and expected) direct effect of exposure on interaction intentions emerge. It would appear that the attitude variable might not have necessarily assessed attitudes – as was earlier conceptually defined - but instead tapped into another concept (e.g., perceived familiarity or valence of relatively less personally powerful MI perceptions). The tapping of this construct was what allowed the direct relationship to emerge. Thus, one potential concern pertains to attaining a more precise, though non-obtrusive, measure of participants' attitudes.

**Influence of covariates.** Several control variables were routinely significant in analyses predicting social distance preferences. Indeed, a number of analyses contained significant indirect relationships, though not omnibus effects, indicating, in part, an inability of the predicted effect to account for significantly more variance after the controls were included. The influence of some covariates differed somewhat between samples. In the student sample, income was found to be positively related to social distance preferences in analyses assessing the impact of recent exposure as well as all three indicators of frequent exposure. Income was not associated with social distance in any of the analyses for the MT sample. This is somewhat surprising due to the idea that the student sample might be expected to report parents' income (less directly applicable to the individual doing the reporting) whereas the MT sample would be less likely to do the same. It is also possible, however, that student participants (who have largely only experienced the stability of their family's income bracket) have more thoroughly internalized their reported income than have adults in MT, who may have reported one income but lived an earlier portion of their lives in another.

Additionally, in all the primary MT sample analyses for the direct effects of exposure on social distance preferences, both attitudes and social stigma were associated with social distance preferences, as expected (negatively and positively, respectively). In only the student sample analysis pertaining to the influence of vividness on interaction intentions was a positive relationship between stigma and social distance observed. In no set of analyses in the student sample did attitudes directly predict social distance. One potential explanation for this finding could pertain to statistical power. The MT sample contained several hundred more participants, which could have made these relationships easier to detect.

Various trends also emerged across both samples, with regard to the covariates. Familiarity with MI was a variable that routinely was negatively associated with social distance, as might be expected. This was observed in all primary analyses in both the student and MT sample. This relationship can be explained via the aforementioned observations of intergroup contact and group self-identification influencing reductions in prejudicial perceptions regarding social groups (Pettigrew & Tropp, 2008; Tajfel & Turner, 1979). Thus, there would appear to be evidence that past interpersonal interactions have a consistent and powerful influence on social inclinations, enhancing participants' perceived comfort.

In no set of analyses was social desirability observed to significantly predict social distance. This was somewhat unexpected due to the fact that this variable was included in order to control for a trait tendency to give socially acceptable responses. Therefore, one would expect that it would, to some degree, relate to explicit interaction preferences regarding those with MI. Social desirability was also not observed to predict attitudes, a similarly surprising finding for the same reason it was expected to predict social distance preferences. Furthermore, social stigma, the only social outcome variable of these three not pertaining directly one's own evaluation of a group, was observed to be significantly related to social desirability in all of the primary MT sample analyses. As individuals were characterized with more social desirability, they indicated less social stigma against those with MI. This pattern was surprising given that social stigma relates to perceptions of other's evaluations (Herek, 2007; Smith, 2012). Therefore, it would appear feasible to expect that because people are not reporting their own potentially discriminatory perceptions, a tendency to give socially acceptable responses should not be significantly related. This was not the case, however. Social desirability was not related to social stigma perceptions for the student sample, though there is a chance that not detecting

this relationship was, again, somewhat attributable to statistical power issues. Additionally, the data revealed that neither sex nor (in the MT sample) age was significantly related to social distance, attitudes, or social stigma.

### **Theoretical implications**

**Media priming.** Though particular limitations (discussed later) hinder my ability to conclude there is strong support for the use of a media priming framework in model building, there are, nevertheless, key findings which support the utilization of several conceptual components of this theory. In particular, there was a modicum of support for the notion of considering concept accessibility as something that could be heightened via three separate mechanisms: recency of exposure, vividness of exposure, and frequency of exposure. Each mechanism was associated with some type of influence on social perceptions and/or social inclinations.

Enhancement of concept accessibility due to recent exposure to stimuli was the path through which the strongest support for the hypothesized model was observed. In the MT sample, an indirect effect of recent media exposure on social distance preferences was observed via both social stigma and attitudes, as predicted. Though the omnibus effect was only present for social stigma, there is still evidence to suggest that, via social perceptions, recent consumption of particular media messages can have an impact on interpersonal interaction intentions.

Though vividness, ultimately, did not function as anticipated, the data suggest a potential role for this accessibility facilitator, as well. In the student sample, vividness of portrayals was observed to directly influence interpersonal inclinations. This relationship operated in the predicted direction. The major pitfall of such a finding is that the mechanisms by which such an

effect occurred are not enumerated, due to the observed nonsignificant indirect relationships. Nevertheless, in the student sample, a marginal effect of vividness on attitudes was observed, again, in the predicted direction (i.e., more highly vivid depictions produced more negative attitudes). This could suggest that certain social perceptions could, indeed, play a role in the discernment of the impact of vivid exposure on social inclinations, though it may require more statistical power, or refinements in the survey instrument, to detect.

Finally, accessibility-related evidence was observed, indicating an effect of frequent media consumption of particular negative MI portrayals influencing social perceptions and inclinations. Though no discernable picture emerged in the student sample, the MT sample revealed patterns which were both puzzling and edifying. All three indicators of frequent consumption (i.e., overall television consumption, consumption of television genres observed to contain negative MI portrayals, and consumption of television programs reported to contain negative MI portrayals) were associated with more positive attitudes. Whether this measure is tapping closely held attitudes, as hoped, or is assessing another construct (e.g., perceptions of peripheral attributes), may be debatable. What is clear is that all three indicators of frequent negative MI portrayal consumption similarly influenced these attitude indicators. The most precise indicator of frequent negative MI portrayal consumption (i.e., consuming television programs reported to have negative portrayals) revealed the anticipated direct relationship between exposure and social inclinations. In this instance the inclusion of the attitude variable helped clarify the relationship.

Though lacking in universal support, there is some evidence to suggest that all three accessibility facilitators (i.e., recency of exposure, vividness of exposure, and frequency of exposure) negatively influence social inclinations, specifically when negative characterizations



of individuals with MI are made clearly evident to a media consumer. The mechanisms by which this effect occurs still requires further exploration, though the observed indirect effect of recent exposure through social stigma and (to a lesser extent) attitudes suggests that these social perceptions may play some role.

**Predicting social behavior.** Utilizing conceptual elements of the reasoned-action approach (RAA), I predicted that norm-based perceptions of social stigma as well as attitudes toward a given social group would predict intentions to socially interact with members of that social group. All primary analyses from the MT sample were observed to support this contention. In each case, social stigma and attitudes were positively and negatively related to social distance preferences, respectively. This finding lends support to the proposition of extending RAA conceptual elements to interpersonal interaction contexts. Though the same relationships were not observed in the student sample (again, possibly due to insufficient statistical power), this uniform result in the relatively more externally valid MT sample merits consideration. Though some RAA theorists may balk at the notion of this extension, many will exalt this opportunity to explore conceptually fertile ground with this conceptual framework. Application of this theoretical component of the overall model warrants usage in future research analyzing influences on social interaction.

Additionally, the decision to not conceptualize social stigma and prejudice as largely a single entity, as some have suggested (e.g., Phelan, Link, & Dovidio, 2008), appears to be well-supported. These two concepts were associated with one another (though only in the MT sample) as expected. Nevertheless, they hardly ever functioned similarly as predictors and mediators in various analyses. This distinction demonstrates the necessity for precision when examining these social perceptions. Additionally, it helps to inform researchers about the unique

roles of not only one's own social evaluations but one's perceptions of others' evaluations in his/her environment, when deciding on courses of social action. It may facilitate a refinement in understanding the psychological mechanisms which influence social and other behaviors. There are nuanced differences in these two social forces and their conflation only serves to hinder more sophisticated theorizing. Future research should avoid such conflation, both conceptually and operationally.

### **Limitations and directions for future research**

This study was associated with several areas which could benefit from refinement. In some cases methodological issues were obvious, and in others suggestions for experimental improvements are largely speculative. Nearly any study can benefit from the continual refinement of the design, and this experiment is no exception. Three areas where there may be potential for improvement include recruitment, stimuli acquisition, and implementation of measures. The suggested refinements are not to imply substantive fault in the areas designated for improvement, but only to indicate avenues for improving this line of inquiry for future media effects research.

**Recruitment.** Initial concerns regarding the ability to recruit an adequately large number of participants played a role in decisions about how many conditions to include in this experiment. The student sample was originally to be the only sample collected and, due to well-founded trepidation regarding statistical power, the decision was made to streamline the conditions. In the end, three conditions (i.e., two negative MI depictions varying in vividness and a control condition) were implemented. It is possible that a more edifying approach would have been to utilize a 2x2 experimental design with a control condition. The first factor would have been valence of the depiction (negative versus positive or neutral). The second factor

would have remained the vividness of the depiction (low versus high). The control condition also would have remained non-MI affiliated stimulus clips. Though the design utilized is able to assess the impact of vividness and (to a lesser extent) negativity, the 2x2 design would have better allowed for the assessment of interaction effects.

Additionally, with enough statistical power, it might have been possible to add an additional factor, manipulating audience transportation. Green and Brock (2000) describe transportation as feeling involved in the mediated scenarios, specifically in cases where the message “raises unanswered questions, presents unresolved conflicts, or depicts not yet completed activity” (p.701). Tal-Or and Cohen (2010) demonstrated that by suggesting to the media consumer that certain events will happen to prominent characters in the future it is possible to manipulate a consumer’s experience of narrative transportation. Though the manipulation checks revealed that participants largely perceived of the messages as anticipated, the data suggest that the messages were not internalized. If certain participants felt more involved in the content being consumed, this might have triggered greater internalization of the message. Only with fore-knowledge of a large participant pool could these additional factors have been introduced at the outset.

**Stimuli presentation.** Social stigma was a perception that was not ever directly affiliated with any of the accessibility-enhancing exposure mechanisms. This pattern was observed in both the student sample and the MT sample. One conclusion that could be drawn would be that negative portrayals of social groups do not have a great influence on perceptions of social stigma. This conclusion would be problematic, however, because research has demonstrated the ability of media consumption to influence social stigma perceptions (e.g., Smith, 2012). In her study, Smith (2012) manipulated specific stigma communication cues in

order to influence perceptions of social stigma. She identifies the following as stigma communication cues: marking the stigmatized individual with an observable sign, explicitly labeling the stigmatized individual, attributing responsibility to the stigmatized for having his/her trait, and assigning peril to the notion of being around the stigmatized. The goal of locating several media clips which effectively communicate all of these cues may prove to be somewhat unattainable, however. Instead, research of this sort might be better served creating stimulus clips which could incorporate these cues and potentially even manipulate them as factors in the study design. Such an endeavor would require additional time and resources in order to attain a set of stimulus clips with an appropriately professional appearance. The failure to observe an association of exposure to the experimental clips – pretested to be negative – on social stigma perceptions might be a result of them simply not communicating stigma effectively. The manipulation of these cues as factors, however, would require large sample sizes.

Additionally, though there were distinguishing experimental contrasts between those who consumed negative MI depictions recently versus those who had not, as well as those who were exposed to high versus low vividness depictions, these contrasts could have been further pronounced. Those who were considered recently exposed to negative MI depictions were participants who were not in the control condition. The experimental sessions were held in the late afternoon and, though I am confident that everyone considered part of the recent exposure group consumed negative depictions relatively the most recently, it was not possible to know how recently those in the control condition might have consumed this type of content. This is an issue that does not have an obvious remedy. One could consider including an item asking participants when they had last had a mediated encounter with a character with a MI, but the ability of respondents to accurately answer this question would be suspect, at best. Furthermore,

though pilot-tested vividness ratings typically differed by at least a full unit, it likely would have been beneficial to incorporate stimuli which had an even starker contrast along this dimension. Modern entertainment television seeks to engage, and, as a result, no clip featuring MI was observed to fall below the midpoint. Indeed, such characterizations of MI are atypical in entertainment media (Benbow, 2006) and may reduce some degree of external validity of the research. Nevertheless, more pronounced contrast along the vividness factor may aid in discerning the manner in which this content presentation feature may influence social inclinations via various perceptions.

Finally, though the choice was made to use a health condition to assess my model of mediated interaction intentions (due to its widespread and non-discriminating nature), it is possible that this choice influenced the nature of the social perceptions in a confounding manner. As Fiske (2013) has noted, particular social groups are stereotypically associated with particular attributes of warmth and competence. High levels of warmth are argued to engender greater empathy and pity, which may curtail otherwise hostile attitudes. Those with MI are specifically mentioned as a group which may be subject to these perceptions, while drug abusers may be associated with the opposite (Fiske, 2013). Future research needs to consider the stereotype-based role of these perceptions (i.e., warmth and competence), and potentially pilot test various social groups in order to more precisely account for these variations in social group perceptions. These perceptions may, in part, be responsible for media exposure not affecting attitudes toward those with MI in the manner which was predicted, even when the portrayal is characterized with instability or violence.

**Measurement issues.** Several sets of measures require refinement before again being included in this type of research. These measures were developed in order to help mitigate the

influence of demand characteristics, such as social desirability, on the reporting of social perceptions and inclinations. In line with this endeavor, a social desirability scale was implemented but failed to significantly predict the attitude and interaction intention variables. One may contend that the absence of these relationships could indicate that responses on these social items were not characterized by socially desirable responses. A more methodologically problematic interpretation would be that this scale was ill-suited to the task of teasing out socially desirable responses, the result of which would be that this trait may not have been adequately controlled. Regardless of whether this scale was successful in performing the task for which it was implemented, other means of assessing attitudes and inclinations which were less susceptible to social desirability were implemented. With regard to interaction intentions, an approach-avoidance task (AAT) was applied in the student sample for the purposes of discretely examining a participant's willingness to interact interpersonally with people who have MI. With regard to social attitudes, an error-choice test (ECT) was utilized in both samples with the goal of unobtrusively observing the participants' attitudes toward people with MI. Though these measures have performed well in the previous research, neither of them performed as desired.

The AAT was developed as an alternative to the less discrete social distance scale, with regard to assessing interaction intentions. Though significantly associated with social distance, this scale was not significantly related to attitudes, stigma, or any accessibility-facilitating exposure predictor variable. There are several reasons why this might have occurred. The AAT was created to assess the degree with which people who had agreed to participate in a social activity with a local health organization would be willing to interact with someone who was known to have had psychiatric issues. As participants ranked this person higher or lower, this was to serve as an indication of their willingness to interpersonally interact with a member of this

social group. Other options for interaction included people connected with organizations affiliated with cancer, diabetes, or a physical disability requiring a wheelchair.

One reason this variable might not have been associated with any social perceptions, or negative exposure, regarding people with MI may have been that there were personal experiences which drew them toward people with one of the other health-related conditions. They may have had a relative with cancer or a friend with diabetes which influenced an attraction toward those individuals and not necessarily away from people with MI. Though the AAT may have been associated with social distance, this may have been a spurious association. It could have simply been an artifact of the tendency for this student sample to, on average, desire to avoid people with MI, as the descriptive statistics suggest. Though related, these two interaction intention variables might have been driven by different phenomena. An alternative method for using the AAT might have been to not utilize different health-related conditions, but, instead, to have participants rate their willingness to socialize with every individual personifying each condition. The expectation would hold that if a person wanted to avoid interaction with a person with a MI, he/she would rate the relevant individual lower. The options to rate one's desire to interact with the other individuals might serve to mask the true intentions of this task and help mitigate socially desirable responses to some degree.

Another reason this variable might not have been associated with any social perceptions, or negative exposure to MI, could be related to statistical power. Due to the fact that participants had to, first, agree to participate in the social engagement, a sizable portion of the (already meager) student sample declined to participate. Of the 131 students who participated in the study, only 80 agreed to participate in the social engagement, despite the fact that they were told they would receive \$75 for their time. This explanation is likely the more detrimental

contributor to this variable not performing as expected. Additionally, in the Penn, Chamberlin, and Mueser (2003) study discussed in Chapter 3, I argued that asking people to attend a social activity might be prone to respondents declining the opportunity due to apathy. Though I offered an inducement, it is still possible that many respondents were not interested in taking the extra time out of their day to participate in the social activity. Such perceptions might have reduced the number of those willing to participate and/or influenced the patterns for those who were willing. In future implementations of this AAT it will be necessary to recruit a larger sample and better tailor the remuneration to provoke enthusiasm in order to mitigate these concerns. Additionally, it will be necessary to make the prospect of spending one's time with those who have a health condition more alluring to participants, though offering too much compensation could lead to additional issues which would require attention.

The ECT attitude measure failed to surpass a Cronbach's  $\alpha$  level of .60, rendering it unusable in analyses. This implicit attitude measure has performed well in previous research (e.g., Anotnak, Livneh, 1995; Hammond, 1948); therefore, it is not readily apparent why it was unreliable in this study. Similar to previous usage of this method, eight items were included in this reliability check (e.g., Porter, 2010). Dropping particular items did not render this scale usable. In the future, it may be necessary to include more items so that a proper, reliable configuration of items, which are sufficiently associated with other attitude measures, can be attained. Overall, however, attitude measures suffered from reliability issues, especially in the student sample. The other attitude measure (i.e., Brigham's [1993] Prejudice Scale) also failed to attain a Cronbach's  $\alpha$  level exceeding .60 in both samples. Due to the fact that this was an attitude measure which has long been associated with social desirability biases (see Dovidio et al., 1997), this was not considered a major problem. In the student sample, however, even the



EVT attitude measure was associated with potentially problematic reliability ( $\alpha = .61$ ), though it was the best remaining measure of this construct. In the future, attitude measures will require further refinement and statistical power in order to exhibit greater reliability.

## **Conclusions**

Future research should build upon the foundations laid out in this dissertation. There are two notable ways in which such an endeavor can be accomplished. First, future research should extend this investigation regarding the effect of media consumption effects on interpersonal interaction intentions regarding other social groups. Second, this area would benefit from extending the examination of media consumption beyond interaction intentions to actual interaction behaviors. Third, it is necessary to also examine how positive portrayals might facilitate enhanced interaction intentions. In all cases, an increasingly comprehensive assessment of the impact of media consumption on our social nature will be obtained.

Additional social groups which could be examined, with regard to an influence of media depictions on consumers' interaction inclinations, could be those that have been the target of stigmatization in American, or other, cultures. These groups could include racial/ethnic minorities (e.g., Black people or Latino/as), people associated with particular religions (e.g., Muslims), or people who engage in various stigmatized behavior (e.g., same-sex relationships, various criminals, drug-users, smokers, or even alcoholics). In each case, the presentation of these groups could alter interpersonal interaction desires in ways that are uniform across the array of social groups, or that are wholly distinct and require fundamentally different models in order to explain the social impact of media consumption. Some people with potentially stigmatized traits may be more prone to experience negative social interaction episodes as a

result of how visible their stigmatized mark is or how much peril may be routinely associated with them.

An extension of this research into the examination of actual interaction behaviors would appear as a logical next step. The RAA (which provides particular elements of the proposed model) is an approach which, in the end, has a behavioral focus. Research utilizing this conceptual framework has suggested that behavioral intentions have a moderate relationship with actual behavior (e.g., Webb & Sheeran, 2006), and it is worth exploring the magnitude of this relationship in the context of interpersonal behavior. Moreover, there are a number of useful methods for examining various indicators of the quality of an interpersonal interaction. The Facial Affect Coding System (Ekman & Rosenberg, 1997) is one method for observing the comfort and perceived success of a particular interaction. The Relational Linking System (Rogers & Cummings, 2015) is a method for analyzing how individuals constitute their self-presentation, and the degree with which they are concerned with the other in an interaction. Both may inform how people do (or do not) initiate higher quality forms of interaction with particular others.

Finally, there is great utility in not only examining how media can produce negative social interactions, but also what messages can do to promote positive interpersonal interactions, especially with frequently stigmatized groups. Such research is paramount for the advocacy of beneficial media production policies. Because initiating a social interaction may potentially require greater motivation than simply avoiding one, these two behavioral choices may operate through different psychological pathways. Similarly, it likely requires more effort to try to impress someone, or engage in more quality forms of interactions, than to engage in withdrawal attempts, or stonewalling. As such, it will be necessary in the future to examine what perceptual

cues give rise to this type of behavior and to discern whether they are of a similar milieu as those that give rise to more anti-social behaviors. An analysis of the elements which influence our social nature could serve to reduce prejudice-based strife and alienation experienced by a vast number of individuals in society. Research seeking to enhance our understanding of this impact of media messages requires increased attention from media effects researchers for many years to come.

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## TABLES

Table 1

<i>Experimental conditions for study</i>		
Negative appeal		
Low vividness	High vividness	Control

Table 2

*Pilot-tested Stimulus Clip Scores*

Program	Illness	Valence	Vividness
<i>Manic</i>	Bipolar Disorder	(S-H) 1.25 (M-H) 1.19	(S-H) 6.06 (M-H) 5.81
<i>Raising Genius</i>	OCD	(S-H) 2.28 (M-H) 2.72	(S-H) 5.42 (M-H) 6.02
<i>The Big C - A</i>	Bipolar Disorder	(S-L) 2.14	(S-L) 4.00
<i>Monk - A</i>	OCD	(S-L) 3.87	(S-L) 4.56
<i>Michael Clayton</i>	Bipolar Disorder	(M-L) 2.06	(M-L) 4.93
<i>Monk - B</i>	OCD	(M-L) 3.5	(M-L) 4.7
<i>Brokedown Palace</i>	Diabetes	(S-C) 5 (M-C) 3.75	(S-C) 2.89 (M-C) 2.87
<i>Kids</i>	HIV	(S-C) 4.25 (M-C) 4.9	(S-C) 3.62 (M-C) 3.46
<i>The Big C - B</i>	Cancer	(S-C) 4.37 (M-C) 3.93	(S-C) 4.06 (M-C) 3.87

Note. Values in parentheses indicate sample in which clip was utilized and the condition (i.e., Sample-Condition). S = Student, M = Mechanical Turk, H = High Vividness, L = Low Vividness, C = Control).

Table 3

*Descriptive Statistics for Main Variables – Student Sample*

Variable	N	<i>M</i>	<i>(SD)</i>	Range		Cronbach's $\alpha$
				Potential	Actual	
Covariates						
Sex (% female)	131	.76	0.43	0-1	0-1	
Income	113	5.01	1.68	1-7	1-7	
MI Familiarity	130	.58	0.5	0-1	0-1	
Television Exposure	127	2.48	2.11	0-24	0-13.93	
Social Desirability	131	.45	.2	0-1	0-.85	.606
Favorable Attitudes (EVT)	123	1.65	3.84	(-21)- (21)	(-7.5)- (12.38)	.652
Social Stigma Beliefs	124	5.09	0.9	1-7	2.83-7	.825
Social Distance	131	3.57	1.47	1-7	1-7	.851
Approach-Avoidance Task	80	3.06	1.61	1-5	1-5	
Negative MI TV Exposure	131	2.07	1.09	1-7	1-5.2	
Negative MI Genre Exposure	131	2.53	1.13	1-7	1-5.8	

Table 4

*Descriptive Statistics for Main Variables – Mechanical Turk Sample*

Variable	N	<i>M</i>	<i>(SD)</i>	Range		Cronbach's $\alpha$
				Potential	Actual	
Covariates						
Age	656	35.8	11.1		18-69	
Sex (% female)	656	.51	0.50	0-1	0-1	
Income	653	3.23	1.32	1-7	1-7	
MI Familiarity	656	0.72	0.78	0-2	0-2	
Television Exposure	644	3.94	2.77	0-24	0-18.29	
Social Desirability	645	.44	0.28	0-1	0-1	.831
Attitude (EVT)	653	3.12	5.66	(-21)-(21)	(-18)-(21)	.754
Social Stigma Beliefs	635	5.07	0.95	1-7	2.5-7	.893
Social Distance	653	3.26	1.49	1-7	1-7	.878
Negative MI TV Exposure	652	1.96	1.15	1-7	1-7	
Negative MI Genre Exposure	647	2.91	1.13	1-7	1-7	

Table 5

*Correlations among Predictor and Outcome Variables – Student Sample*

Variable	1.	2.	3.	4.	5.	6.	7.
1. Television Consumption	1.00	.280**	.210**	.092	.202*	.097	.074
2. Negative MI TV Exposure		1.00	.349**	.147	.226*	.036	-.130
3. Negative MI Genre Exposure			1.00	.143	.026	-.124	-.209
4. Attitude (EVT)				1.00	.140	.104	.071
5. Social Stigma Beliefs					1.00	.212*	-.059
6. Social Distance						1.00	.369**
7. Approach Avoidance Task							1.00

Table 6

*Correlations among Predictor and Outcome Variables – Mechanical Turk Sample*

Variable	1.	2.	3.	4.	5.	6.
1. Television Consumption	1.00	.365**	.426**	.101*	-.002	-.012
2. Negative MI TV Exposure		1.00	.532**	.144**	-.032	.043
3. Negative MI Genre Exposure			1.00	.116**	-.049	-.001
4. Attitude (EVT)				1.00	-1.22**	-.317**
5. Social Stigma Beliefs					1.00	.264**
6. Social Distance						1.00

Table 7

*Direct effects of recent exposure on attitude – Student sample*

	$R^2$	$F$	$df1$	$df2$	$p$
Model Summary	.08	1.31	6	91	.262
Model	Coefficient	$SE$	$t$	$p$	
Constant	3.20	2.00	1.60	.113	
MI exposure vs control	0.14	0.87	0.17	.868	
Social desire	-2.48	2.04	-1.22	.227	
Total TV use	0.44	0.20	2.22	.029	
Income	-0.25	0.24	-1.07	.288	
Sex	-0.38	0.88	-0.43	.666	
MI familiarity	-0.52	0.55	-0.94	.347	

Table 8

*Direct effects of recent exposure on attitude – MTurk sample*

	$R^2$	$F$	$df1$	$df2$	$p$
Model Summary	.04	3.45	7	599	.001
Model	Coefficient	$SE$	$t$	$p$	
Constant	2.23	1.13	1.98	.048	
MI exposure vs control	-0.93	0.48	-1.95	.052	
Social desire	1.51	0.82	1.84	.067	
Total TV use	0.19	0.08	2.35	.019	
Income	0.01	0.17	0.05	.957	
Age	-0.02	0.02	-1.12	.264	
Sex	0.27	0.47	0.58	.564	
MI familiarity	0.93	0.30	3.11	.002	

Table 9

*Direct effects of recent exposure on attitude by vividness of depiction – Student sample*

	$R^2$	$F$	$df1$	$df2$	$p$
Model Summary	.108	1.55	7	90	.160
Model	Coefficient	$SE$	$t$	$p$	
Constant	2.72	2.00	1.36	.177	
Low vivid vs control	.97	.99	.98	.329	
High vivid vs control	-.56	.96	-.59	.555	
Social desire	-2.06	2.04	-1.01	.314	
Total TV use	.44	.20	2.23	.028	
Income	-.23	.23	-1.00	.319	
Sex	-.30	.88	-.35	.729	
MI familiarity	-.37	.55	-.67	.503	

Table 10

*Direct effects of recent exposure on attitude by vividness of depiction – MTurk sample*

	$R^2$	$F$	$df1$	$df2$	$p$
Model Summary	.04	3.21	8	598	.001
Model	Coefficient	$SE$	$t$	$p$	
Constant	2.17	1.13	1.93	.055	
Low vivid vs control	-0.59	0.55	-1.07	.286	
High vivid vs control	-1.28	0.56	-2.30	.021	
Social desire	1.51	0.82	1.83	.067	
Total TV use	0.20	0.08	2.44	.015	
Income	0.02	0.17	0.14	.886	
Age	-0.02	0.02	-1.15	.558	
Sex	0.28	0.47	0.58	.249	
MI familiarity	0.93	0.30	3.11	.002	



Table 11

*Direct effects of recent exposure on social stigma – Student sample*

	$R^2$	$F$	$df1$	$df2$	$p$
Model Summary	.14	2.46	6	91	.030
Model	Coefficient	$SE$	$t$	$p$	
Constant	4.67	0.47	9.97	.000	
MI exposure vs control	0.32	0.20	1.60	.114	
Social desire	0.26	0.48	0.55	.587	
Total TV use	0.07	0.05	1.55	.124	
Income	0.02	0.06	0.30	.761	
Sex	0.09	0.21	0.41	.679	
MI familiarity	-0.31	0.13	-2.43	.017	

Table 12

*Direct effects of recent exposure on social stigma – MTurk sample*

	$R^2$	$F$	$df1$	$df2$	$p$
Model Summary	.036	3.22	7	599	.002
Model	Coefficient	$SE$	$t$	$p$	
Constant	5.23	0.19	27.52	.000	
MI exposure vs control	0.05	0.08	0.61	.543	
Social desire	-0.60	0.14	-4.30	.000	
Total TV use	-0.01	0.01	-0.53	.596	
Income	0.01	0.03	0.44	.657	
Age	0.00	0.00	-0.01	.989	
Sex	0.06	0.08	0.78	.435	
MI familiarity	0.05	0.05	1.08	.281	

Table 13

*Direct effects of recent exposure on social stigma by vividness of depiction – Student sample*

	$R^2$	$F$	$df1$	$df2$	$p$
Model Summary	.17	2.65	7	90	.015
Model	Coefficient	$SE$	$t$	$p$	
Constant	4.79	.47	10.27	.000	
Low vivid vs control	.11	.23	.50	.621	
High vivid vs control	.50	.22	2.27	.026	
Social desire	.15	.47	.32	.748	
Total TV use	.07	.05	1.58	.117	
Income	.01	.05	.22	.824	
Sex	.07	.20	.32	.749	
MI familiarity	-.35	.13	-2.72	.008	

Table 14

*Direct effects of recent exposure on social stigma by vividness of depiction – MTurk sample*

	$R^2$	$F$	$df1$	$df2$	$p$
Model Summary	.04	2.91	8	598	.003
Model	Coefficient	$SE$	$t$	$p$	
Constant	5.22	0.19	27.45	.000	
Low vivid vs control	0.09	0.09	0.97	.333	
High vivid vs control	0.01	0.09	0.06	.951	
Social desire	-0.60	0.14	-4.30	.000	
Total TV use	-0.01	0.01	-0.46	.649	
Income	0.01	0.03	0.51	.612	
Age	0.00	0.00	-0.04	.968	
Sex	0.06	0.08	0.79	.432	
MI familiarity	0.05	0.05	1.08	.279	

Table 15

*Indirect effects of recent exposure on social distance – Student sample*

Model	Effect	SE (boot)	LLCI	ULCI
Via social stigma				
MI exposure vs control	.11	.10	-.01	.42
Omnibus	.01	.01	.00	.06
Via attitude				
MI exposure vs control	.01	.04	-.05	.13
Omnibus	.00	.00	.00	.00

Table 16

*Indirect effects of recent exposure on social distance– MTurk sample*

Model	Effect	SE (boot)	LLCI	ULCI
Via social stigma				
MI exposure vs control	.02	0.03	-.0418	.0843
Omnibus	.00	0.00	.0008	.0016
Via attitude				
MI exposure vs control	.06	0.03	.0001	.1300
Omnibus	.00	0.00	-.0016	.0001

Table 17

*Indirect effects of recent exposure on social distance by vividness of depiction – Student sample*

Model	Effect	SE (boot)	LLCI	ULCI
Via social stigma				
Low vivid vs control	.03	.08	-.07	.28
High vivid vs control	.13	.12	-.02	.47
Omnibus	.01	.02	-.01	.07
Via attitude				
Low vivid vs control	.05	.07	-.03	.29
High vivid vs control	-.03	.07	-.25	.05
Omnibus	.00	.00	.00	.01

Table 18

*Indirect effects of recent exposure on social distance by vividness of depiction – MTurk sample*

Model	Effect	SE (boot)	LLCI	ULCI
Via social stigma				
Low vivid vs control	.04	0.04	-.03	.11
High vivid vs control	.00	0.04	-.07	.08
Omnibus	.00	0.00	.00	.00
Via attitude				
Low vivid vs control	.04	0.04	-.03	.11
High vivid vs control	.08	0.04	.01	.17
Omnibus	.00	0.00	.00	.00

Table 19

*Direct effects of vividness on attitude – Student sample*

	$R^2$	$F$	$df1$	$df2$	$p$
Model Summary	.10	1.18	6	63	.330
Model	Coefficient	$SE$	$t$	$p$	
Constant	2.38	2.47	0.97	.338	
Low vivid vs high vivid	-1.69	0.99	-1.71	.092	
Social desire	-0.83	2.65	-0.31	.756	
Total TV use	0.46	0.25	1.83	.071	
Income	-0.17	0.31	-0.55	.584	
Sex	0.10	1.15	0.08	.933	
MI familiarity	-0.10	0.78	-0.12	.906	

Table 20

*Direct effects of vividness on attitude – MTurk sample*

	$R^2$	$F$	$df1$	$df2$	$p$
Model Summary	.05	3.02	7	388	.004
Model	Coefficient	$SE$	$t$	$p$	
Constant	1.45	1.34	1.09	.278	
Low vivid vs high vivid	-0.81	0.56	-1.46	.145	
Social desire	1.07	1.01	1.05	.292	
Total TV use	0.33	0.10	3.39	.001	
Income	0.16	0.21	0.80	.425	
Age	-0.04	0.03	-1.41	.158	
Sex	0.15	0.58	0.25	.800	
MI familiarity	0.80	0.36	2.25	.025	

Table 21

*Direct effects of vividness on social stigma – Student sample*

	$R^2$	$F$	$df1$	$df2$	$p$
Model Summary	.18	2.38	6	63	.039
Model	Coefficient	$SE$	$t$	$p$	
Constant	4.45	0.52	8.61	.000	
Low vivid vs high vivid	0.34	0.21	1.62	.111	
Social desire	0.35	0.55	0.63	.533	
Total TV use	0.12	0.05	2.37	.021	
Income	0.00	0.07	-0.05	.963	
Sex	0.42	0.24	1.76	.083	
MI familiarity	-0.24	0.16	-1.50	.139	

Table 22

*Direct effects of vividness on social stigma – MTurk sample*

	$R^2$	$F$	$df1$	$df2$	$p$
Model Summary	.04	2.44	7	388	.018
Model	Coefficient	$SE$	$t$	$p$	
Constant	5.44	0.23	24.07	.000	
Low vivid vs high vivid	-0.07	0.09	-0.79	.430	
Social desire	-0.50	0.17	-2.89	.004	
Total TV use	-0.02	0.02	-0.99	.322	
Income	-0.01	0.03	-0.37	.709	
Age	0.00	0.00	-0.78	.433	
Sex	0.08	0.10	0.90	.368	
MI familiarity	0.12	0.06	1.94	.054	

Table 23

*Indirect effects of vividness on social distance – Student sample*

Model	Effect	SE (boot)	LLCI	ULCI
Via social stigma				
Low vivid vs high vivid	.16	0.13	-.01	.51
Omnibus	.01	0.03	-.01	.10
Via attitude				
Low vivid vs high vivid	-.06	0.10	-.34	.06
Omnibus	.00	0.00	.00	.02

Table 24

*Indirect effects of vividness on social distance – MTurk sample*

Model	Effect	SE (boot)	LLCI	ULCI
Via social stigma				
Low vivid vs high vivid	-.03	0.04	-.12	.05
Omnibus	.00	0.00	.00	.01
Via attitude				
Low vivid vs high vivid	.05	0.04	-.01	.13
Omnibus	.00	0.00	.00	.00

Table 25

*Direct effects of overall television usage on attitude – Student sample*

	$R^2$	$F$	$df1$	$df2$	$p$
Model Summary	.08	1.40	6	91	.223
Model	Coefficient	$SE$	$t$	$p$	
Constant	4.01	2.09	1.92	.058	
Total TV use	0.44	0.20	2.22	.029	
Social desire	-2.37	2.04	-1.16	.248	
Exp. condition	-0.36	0.48	-0.74	.459	
Income	-0.25	0.23	-1.07	.288	
Sex	-0.33	0.88	-0.37	.709	
MI familiarity	-0.59	0.53	-1.12	.266	

Table 26

*Direct effects of overall television usage on attitude – MTurk sample*

	$R^2$	$F$	$df1$	$df2$	$p$
Model Summary	.04	3.68	7	599	.001
Model	Coefficient	$SE$	$t$	$p$	
Constant	2.83	1.20	2.36	.018	
Total TV use	0.20	0.08	2.44	.015	
Social desire	1.51	0.82	1.84	.067	
Exp. condition	-0.64	0.28	-2.30	.022	
Income	0.02	0.17	0.14	.891	
Age	-0.02	0.02	-1.15	.251	
Sex	0.27	0.47	0.58	.560	
MI familiarity	0.93	0.30	3.12	.002	



Table 27

*Direct effects of exposure to television genres with negative depictions of MI on attitude – Student sample*

	$R^2$	$F$	$df1$	$df2$	$p$
Model Summary	.09	1.27	7	90	.272
Model	Coefficient	$SE$	$t$	$p$	
Constant	3.31	2.30	1.44	.154	
MI TV genre use	0.27	0.36	0.74	.458	
Social desire	-2.07	2.08	-0.99	.323	
Total TV use	0.39	0.21	1.91	.059	
Exp. condition	-0.35	0.48	-0.73	.468	
Income	-0.23	0.24	-0.99	.324	
Sex	-0.49	0.91	-0.54	.593	
MI familiarity	-0.58	0.53	-1.09	.278	

Table 28

*Direct effects of exposure to television genres with negative depictions of MI on attitude – MTurk sample*

	$R^2$	$F$	$df1$	$df2$	$p$
Model Summary	.05	3.88	8	590	.000
Model	Coefficient	$SE$	$t$	$p$	
Constant	2.39	1.23	1.95	.051	
MI TV genre use	0.52	0.23	2.28	.023	
Social desire	1.45	0.82	1.77	.077	
Total TV use	0.11	0.09	1.25	.211	
Exp. condition	-0.67	0.28	-2.42	.016	
Income	0.00	0.17	-0.02	.982	
Age	-0.04	0.02	-1.71	.087	
Sex	0.10	0.47	0.22	.827	
MI familiarity	0.95	0.30	3.19	.002	

Table 29

*Direct effects of exposure to television programs with negative depictions of MI on attitude – Student sample*

	$R^2$	$F$	$df1$	$df2$	$p$
Model Summary	.10	1.40	7	90	.216
Model	Coefficient	$SE$	$t$	$p$	
Constant	3.37	2.16	1.56	.123	
MI TV program use	0.44	0.38	1.16	.249	
Social desire	-2.48	2.04	-1.22	.226	
Total TV use	0.36	0.21	1.72	.089	
Exp. condition	-0.35	0.48	-0.73	.469	
Income	-0.22	0.24	-0.92	.362	
Sex	-0.67	0.93	-0.72	.474	
MI familiarity	-0.54	0.53	-1.01	.314	

Table 30

*Direct effects of exposure to television programs with negative depictions of MI on attitude – MTurk sample*

	$R^2$	$F$	$df1$	$df2$	$p$
Model Summary	.06	4.61	8	596	.000
Model	Coefficient	$SE$	$t$	$p$	
Constant	1.98	1.21	1.63	.104	
MI TV program use	0.69	0.21	3.23	.001	
Social desire	1.47	0.82	1.80	.072	
Total TV use	0.10	0.09	1.19	.234	
Exp. condition	-0.75	0.28	-2.70	.007	
Income	0.06	0.17	0.35	.723	
Age	-0.02	0.02	-1.22	.221	
Sex	0.22	0.47	0.47	.642	
MI familiarity	1.03	0.30	3.46	.001	

Table 31

*Direct effects of overall television usage on social stigma – Student sample*

	$R^2$	$F$	$df1$	$df2$	$p$
Model Summary	.17	3.02	6	91	.010
Model	Coefficient	$SE$	$t$	$p$	
Constant	4.43	0.48	9.20	.000	
Total TV use	0.07	0.05	1.59	.116	
Social desire	0.19	0.47	0.40	.691	
Exp. condition	0.26	0.11	2.36	.021	
Income	0.01	0.05	0.26	.796	
Sex	0.07	0.20	0.34	.737	
MI familiarity	-0.32	0.12	-2.63	.010	

Table 32

*Direct effects of overall television usage on social stigma – MTurk sample*

	$R^2$	$F$	$df1$	$df2$	$p$
Model Summary	.036	3.16	7	599	.003
Model	Coefficient	$SE$	$t$	$p$	
Constant	5.25	0.20	25.97	.000	
Total TV use	-0.01	0.01	-0.53	.599	
Social desire	-0.60	0.14	-4.30	.000	
Exp. condition	0.00	0.05	0.09	.927	
Income	0.01	0.03	0.44	.657	
Age	0.00	0.00	0.02	.983	
Sex	0.06	0.08	0.74	.457	
MI familiarity	0.05	0.05	1.07	.285	

Table 33

*Direct effects of exposure to television genres with negative depictions of MI on social stigma – Student sample*

	$R^2$	$F$	$df1$	$df2$	$p$
Model Summary	.18	2.83	7	90	.010
Model	Coefficient	$SE$	$t$	$p$	
Constant	4.70	0.53	8.92	.000	
MI TV genre use	-0.10	0.08	-1.25	.214	
Social desire	0.07	0.48	0.15	.883	
Total TV use	0.09	0.05	1.88	.064	
Exp. condition	0.26	0.11	2.34	.021	
Income	0.01	0.05	0.14	.888	
Sex	0.13	0.21	0.62	.537	
MI familiarity	-0.33	0.12	-2.68	.009	

Table 34

*Direct effects of exposure to television genres with negative depictions of MI on social stigma – MTurk sample*

	$R^2$	$F$	$df1$	$df2$	$p$
Model Summary	.04	3.17	8	590	.002
Model	Coefficient	$SE$	$t$	$p$	
Constant	5.32	0.21	25.65	.000	
MI TV genre use	-0.08	0.04	-1.92	.056	
Social desire	-0.59	0.14	-4.26	.000	
Total TV use	0.00	0.02	0.25	.805	
Exp. condition	0.00	0.05	0.10	.922	
Income	0.02	0.03	0.64	.522	
Age	0.00	0.00	0.52	.606	
Sex	0.08	0.08	0.94	.346	
MI familiarity	0.06	0.05	1.17	.244	

Table 35

*Direct effects of exposure to television programs with negative depictions of MI on social stigma  
– Student sample*

	<i>R</i> <sup>2</sup>	<i>F</i>	<i>df</i> <sub>1</sub>	<i>df</i> <sub>2</sub>	<i>p</i>
Model Summary	.20	3.12	7	90	.005
Model	Coefficient	<i>SE</i>	<i>t</i>	<i>p</i>	
Constant	4.20	0.49	8.53	.000	
MI TV program use	0.16	0.09	1.81	.074	
Social desire	0.15	0.47	0.32	.751	
Total TV use	0.04	0.05	0.93	.357	
Exp. condition	0.26	0.11	2.41	.018	
Income	0.03	0.05	0.49	.627	
Sex	-0.05	0.21	-0.24	.809	
MI familiarity	-0.30	0.12	-2.49	.015	

Table 36

*Direct effects of exposure to television programs with negative depictions of MI on social stigma  
– MTurk sample*

	<i>R</i> <sup>2</sup>	<i>F</i>	<i>df</i> <sub>1</sub>	<i>df</i> <sub>2</sub>	<i>p</i>
Model Summary	.04	2.75	8	596	.006
Model	Coefficient	<i>SE</i>	<i>t</i>	<i>p</i>	
Constant	5.30	0.21	25.72	.000	
MI TV program use	-0.03	0.04	-0.81	.419	
Social desire	-0.59	0.14	-4.26	.000	
Total TV use	0.00	0.01	-0.17	.868	
Exp. condition	0.01	0.05	0.27	.789	
Income	0.01	0.03	0.23	.817	
Age	0.00	0.00	-0.01	.996	
Sex	0.06	0.08	0.71	.481	
MI familiarity	0.05	0.05	0.91	.365	

Table 37

*Indirect effects of overall television usage on social distance – Student sample*

Model	Effect	SE (boot)	LLCI	ULCI
Via social stigma				
Total TV use	.02	0.02	.00	.08
Omnibus	.00	0.01	.00	.05
Via attitude				
Total TV use	.02	0.02	-.01	.08
Omnibus	.00	0.00	.00	.02

Table 38

*Indirect effects of overall television usage on social distance – MTurk sample*

Model	Effect	SE (boot)	LLCI	ULCI
Via social stigma				
Total TV use	.00	0.01	-.01	.01
Omnibus	.00	0.00	.00	.00
Via attitude				
Total TV use	-.01	0.01	-.02	.00
Omnibus	.00	0.00	.00	.00

Table 39

*Indirect effects of exposure to television genres with negative depictions of MI on social distance  
– Student sample*

Model	Effect	SE (boot)	LLCI	ULCI
Via social stigma				
MI TV genre use	-.03	0.03	-.11	.01
Omnibus	.00	0.01	.00	.03
Via attitude				
MI TV genre use	.01	0.03	-.02	.11
Omnibus	.00	0.00	.00	.00

Table 40

*Indirect effects of exposure to television genres with negative depictions of MI on social distance  
– MTurk sample*

Model	Effect	SE (boot)	LLCI	ULCI
Via social stigma				
MI TV genre use	-0.03	0.02	-.068	.001
Omnibus	0.00	0.00	-.001	.010
Via attitude				
MI TV genre use	-0.03	0.02	-.073	-.002
Omnibus	0.00	0.00	-.002	.000

Table 41

*Indirect effects of exposure to television programs with negative depictions of MI on social distance – Student sample*

Model	Effect	SE (boot)	LLCI	ULCI
Via social stigma				
MI TV program use	.04	0.04	.00	.15
Omnibus	.01	0.01	.00	.05
Via attitude				
MI TV program use	.02	0.03	-.01	.11
Omnibus	.00	0.00	.00	.01

Table 42

*Indirect effects of exposure to television programs with negative depictions of MI on social distance – MTurk sample*

Model	Effect	SE (boot)	LLCI	ULCI
Via social stigma				
MI TV program use	-.01	0.02	-.0458	.0187
Omnibus	.00	0.00	-.0008	.0035
Via attitude				
MI TV program use	-.05	0.02	-.0846	-.0168
Omnibus	.00	0.00	-.0030	-.0001



Table 43

*ANCOVAs for condition effects on all endogenous variables – Student sample*

Model	<i>df</i>	<i>F</i>	<i>p</i>	Means		
				Control	Low vivid	High vivid
Social stigma	(2, 104)	1.99	.083	4.96	4.95	5.37
Attitude	(2, 104)	2.67	.075	1.49	2.54	0.45
Social Distance	(2, 110)	2.53	.085	3.62	3.11	3.84
Approach-Avoidance	(2, 67)	0.82	.445	2.72	3.17	3.29

All analyses are controlling for total television use, social desirability, income, sex, and MI familiarity.

Table 44

*ANCOVAs for condition effects on all endogenous variables – MTurk sample*

Model	<i>df</i>	<i>F</i>	<i>p</i>	Means		
				Control	Low vivid	High vivid
Social stigma	(2, 611)	0.59	.554	5.06	5.14	5.05
Attitude	(2, 629)	2.78	.063	3.72	3.15	2.43
Social Distance	(2, 629)	0.12	.957	3.20	3.27	3.23

All analyses are controlling for total television use, social desirability, income, sex, age, and MI familiarity.

Table 45

*ANCOVAs for recent exposure effects on all endogenous variables – Student sample*

Model	<i>df</i>	<i>F</i>	<i>p</i>	Means	
				Control	MI Exposure
Social stigma	(1, 104)	1.17	.283	4.95	5.16
Attitude	(1, 104)	0.01	.918	1.55	1.46
Social Distance	(1, 110)	0.16	.691	3.61	3.48
Approach-Avoidance	(1, 67)	1.59	.212	2.72	3.24

All analyses are controlling for total television use, social desirability, income, sex, and MI familiarity.

Table 46

*ANCOVAs for recent exposure effects on all endogenous variables – MTurk sample*

Model	<i>df</i>	<i>F</i>	<i>p</i>	Means	
				Control	MI Exposure
Social stigma	(1, 611)	0.30	.583	5.06	5.10
Attitude	(1, 629)	3.85	.050	3.72	2.80
Social Distance	(1, 629)	0.184	.668	3.20	3.25

All analyses are controlling for total television use, social desirability, income, sex, age, and MI familiarity.

Table 47

*Total effects of recent exposure on social distance – Student sample*

	<i>R</i> <sup>2</sup>	<i>F</i>	<i>df</i> 1	<i>df</i> 2	<i>p</i>
Model Summary	.15	2.76	6	91	.017
Omnibus Test	.00	.35	1	91	.557
Model	Coefficient	<i>SE</i>	<i>t</i>	<i>p</i>	
Constant	3.08	0.79	3.92	.000	
MI exposure vs control	-0.20	0.34	-0.59	.557	
Social desire	-0.49	0.80	-0.61	.542	
Total TV use	0.07	0.08	0.89	.375	
Income	0.21	0.09	2.23	.028	
Sex	0.15	0.35	0.43	.667	
MI familiarity	-0.67	0.21	-3.12	.002	

Table 48

*Direct effects of recent exposure predictors on social distance – Student sample*

	<i>R</i> <sup>2</sup>	<i>F</i>	<i>df</i> 1	<i>df</i> 2	<i>p</i>
Model Summary	.20	2.76	8	89	.009
Omnibus Test	.01	.87	1	89	.353
Model	Coefficient	<i>SE</i>	<i>t</i>	<i>p</i>	
Constant	1.36	1.12	1.21	.229	
Social stigma	0.34	0.17	1.98	.051	
Attitude	0.04	0.04	0.91	.368	
MI exposure vs control	-0.32	0.34	-0.93	.353	
Social desire	-0.49	0.80	-0.61	.541	
Total TV use	0.03	0.08	0.36	.721	
Income	0.21	0.09	2.29	.024	
Sex	0.13	0.34	0.39	.695	
MI familiarity	-0.54	0.22	-2.49	.015	

Table 49

*Total effects of recent on social distance – MTurk sample*

	<i>R</i> <sup>2</sup>	<i>F</i>	<i>df1</i>	<i>df2</i>	<i>p</i>
Model Summary	.08	7.41	7	599	.000
Omnibus Test	.00	0.14	1	599	.709
Model	Coefficient	<i>SE</i>	<i>t</i>	<i>p</i>	
Constant	3.65	0.29	12.57	.000	
MI exposure vs control	0.05	0.12	0.37	.709	
Social desire	-0.57	0.21	-2.68	.008	
Total TV use	0.00	0.02	-0.18	.854	
Income	0.05	0.04	1.10	.271	
Age	0.00	0.01	0.17	.867	
Sex	0.01	0.12	0.05	.958	
MI familiarity	-0.51	0.08	-6.64	.000	

Table 50

*Direct effects of recent exposure predictors on social distance – MTurk sample*

	<i>R</i> <sup>2</sup>	<i>F</i>	<i>df1</i>	<i>df2</i>	<i>p</i>
Model Summary	.21	17.45	9	597	.000
Omnibus Test	.00	0.08	1	597	.784
Model	Coefficient	<i>SE</i>	<i>t</i>	<i>p</i>	
Constant	1.75	0.41	4.26	.000	
Social stigma	0.39	0.06	6.68	.000	
Attitude	-0.06	0.01	-6.37	.000	
MI exposure vs control	-0.03	0.11	-0.27	.784	
Social desire	-0.24	0.20	-1.20	.232	
Total TV use	0.01	0.02	0.56	.575	
Income	0.04	0.04	1.08	.281	
Age	0.00	0.01	-0.11	.914	
Sex	0.00	0.11	-0.01	.995	
MI familiarity	-0.47	0.07	-6.56	.000	

Table 51

*Total effects of recent exposure by vividness depiction on social distance– Student sample*

	<i>R</i> <sup>2</sup>	<i>F</i>	<i>df</i> 1	<i>df</i> 2	<i>p</i>
Model Summary	.20	3.26	7	90	.004
Omnibus Test	.05	2.92	2	90	.059
Model	Coefficient	<i>SE</i>	<i>t</i>	<i>p</i>	
Constant	3.34	.78	4.30	.000	
Low vivid vs control	-.64	.38	-1.68	.097	
High vivid vs control	.18	.37	.48	.630	
Social desire	-.72	.79	-.91	.366	
Total TV use	.07	.08	.92	.358	
Income	.20	.09	2.18	.032	
Sex	.11	.34	.32	.751	
MI familiarity	-.75	.21	-3.53	.001	

Table 52

*Direct effects of recent exposure by vividness of depiction on social distance– Student sample*

	<i>R</i> <sup>2</sup>	<i>F</i>	<i>df</i> 1	<i>df</i> 2	<i>p</i>
Model Summary	.24	3.12	9	88	.003
Omnibus Test	.05	2.94	2	88	.058
Model	Coefficient	<i>SE</i>	<i>t</i>	<i>p</i>	
Constant	1.93	1.12	1.71	.090	
Social stigma	.26	.17	1.51	.135	
Attitude	.05	.04	1.34	.184	
Low vivid vs control	-.72	.38	-1.91	.060	
High vivid vs control	.08	.38	.20	.838	
Social desire	-.64	.78	-.82	.413	
Total TV use	.03	.08	.35	.724	
Income	.21	.09	2.30	.023	
Sex	.11	.34	.32	.750	
MI familiarity	-.64	.22	-2.93	.004	

Table 53

*Total effects of recent exposure by vividness on social distance– MTurk sample*

	<i>R</i> <sup>2</sup>	<i>F</i>	<i>df</i> <sub>1</sub>	<i>df</i> <sub>2</sub>	<i>p</i>
Model Summary	.08	6.48	8	598	.000
Omnibus Test	.00	0.08	2	598	.921
Model	Coefficient	<i>SE</i>	<i>t</i>	<i>p</i>	
Constant	3.65	0.29	12.54	.000	
Low vivid vs control	0.06	0.14	0.40	.688	
High vivid vs control	0.03	0.14	0.24	.812	
Social desire	-0.57	0.21	-2.68	.008	
Total TV use	0.00	0.02	-0.17	.865	
Income	0.05	0.04	1.11	.267	
Age	0.00	0.12	0.16	.871	
Sex	0.01	0.01	0.05	.957	
MI familiarity	-0.51	0.08	-6.63	.000	

Table 54

*Direct effects of recent exposure by vividness on social distance– MTurk sample*

	<i>R</i> <sup>2</sup>	<i>F</i>	<i>df</i> <sub>1</sub>	<i>df</i> <sub>2</sub>	<i>P</i>
Model Summary	.21	15.69	10	596	.000
Omnibus Test	.00	0.07	2	596	.934
Model	Coefficient	<i>SE</i>	<i>t</i>	<i>P</i>	
Constant	1.75	0.41	4.26	.000	
Social stigma	0.39	0.06	6.66	.000	
Attitude	-0.06	0.01	-6.37	.000	
Low vivid vs control	-0.01	0.13	-0.11	.910	
High vivid vs control	-0.05	0.13	-0.36	.716	
Social desire	-0.24	0.20	-1.20	.232	
Total TV use	0.01	0.02	0.58	.562	
Income	0.05	0.04	1.09	.275	
Age	0.00	0.01	-0.12	.908	
Sex	0.00	0.11	0.00	.997	
MI familiarity	-0.47	0.07	-6.55	.000	

Table 55

*Total effects of vividness on social distance – Student sample*

	<i>R</i> <sup>2</sup>	<i>F</i>	<i>df</i> 1	<i>df</i> 2	<i>p</i>
Model Summary	.22	3.03	6	63	.012
Omnibus Test	.07	6.06	1	63	.017
Model	Coefficient	<i>SE</i>	<i>t</i>	<i>p</i>	
Constant	3.01	0.86	3.51	.001	
Low vivid vs high vivid	0.84	0.34	2.46	.017	
Social desire	-0.43	0.92	-0.47	.642	
Total TV use	0.04	0.09	0.41	.684	
Income	0.17	0.11	1.55	.126	
Sex	-0.11	0.40	-0.27	.791	
MI familiarity	-0.84	0.27	-3.14	.003	

Table 56

*Direct effects of vividness predictors on social distance – Student sample*

	<i>R</i> <sup>2</sup>	<i>F</i>	<i>df</i> 1	<i>df</i> 2	<i>p</i>
Model Summary	.30	3.32	8	61	.003
Omnibus Test	.05	4.60	1	61	.036
Model	Coefficient	<i>SE</i>	<i>t</i>	<i>p</i>	
Constant	0.74	1.21	0.61	.544	
Social stigma	0.49	0.20	2.43	.018	
Attitude	0.04	0.04	0.85	.398	
Low vivid vs high vivid	0.74	0.35	2.15	.036	
Social desire	-0.57	0.89	-0.64	.524	
Total TV use	-0.04	0.09	-0.47	.640	
Income	0.18	0.11	1.68	.098	
Sex	-0.32	0.39	-0.81	.423	
MI familiarity	-0.72	0.26	-2.74	.008	

Table 57

*Total effects of vivid exposure on social distance – MTurk sample*

	<i>R</i> <sup>2</sup>	<i>F</i>	<i>df</i> 1	<i>df</i> 2	<i>p</i>
Model Summary	.08	5.14	7	388	.000
Omnibus Test	.00	0.00	1	388	.977
Model	Coefficient	<i>SE</i>	<i>t</i>	<i>p</i>	
Constant	4.05	0.35	11.58	.000	
Low vivid vs high vivid	0.00	0.15	-0.03	.977	
Social desire	-0.65	0.27	-2.44	.015	
Total TV use	-0.03	0.03	-1.03	.303	
Income	0.01	0.05	-2.44	.882	
Age	0.00	0.01	-0.38	.701	
Sex	0.04	0.15	0.31	.758	
MI familiarity	-0.51	0.09	-5.47	.000	

Table 58

*Direct effects of vividness predictors on social distance – MTurk sample*

	<i>R</i> <sup>2</sup>	<i>F</i>	<i>df</i> 1	<i>df</i> 2	<i>p</i>
Model Summary	.22	12.00	9	386	.000
Omnibus Test	.00	0.02	1	386	.888
Model	Coefficient	<i>SE</i>	<i>t</i>	<i>p</i>	
Constant	1.77	0.52	3.42	.000	
Social stigma	0.44	0.07	5.92	.000	
Attitude	-0.06	0.01	-4.70	.000	
Low vivid vs high vivid	-0.02	0.14	-0.14	.888	
Social desire	-0.37	0.25	-1.49	.137	
Total TV use	0.00	0.02	0.00	.997	
Income	0.02	0.05	0.47	.642	
Age	0.00	0.01	-0.51	.607	
Sex	0.01	0.14	0.12	.905	
MI familiarity	-0.52	0.09	-5.88	.000	



Table 59

*Total effects of overall television usage on social distance– Student sample*

	$R^2$	$F$	$df1$	$df2$	$p$
Model Summary	.16	2.79	6	91	.016
Omnibus Test	.01	0.81	1	91	.371
Model	Coefficient	$SE$	$t$	$p$	
Constant	2.66	0.82	3.24	.002	
Total TV use	0.07	0.08	0.90	.371	
Social desire	-0.53	0.80	-0.66	.509	
Exp. condition	0.13	0.19	0.70	.485	
Income	0.21	0.09	2.24	.028	
Sex	0.12	0.35	0.36	.723	
MI familiarity	-0.62	0.21	-2.95	.004	

Table 60

*Direct effects of overall television usage and predictors on social distance– Student sample*

	$R^2$	$F$	$df1$	$df2$	$p$
Model Summary	.19	2.65	8	89	.012
Omnibus Test	.00	.16	1	89	.694
Model	Coefficient	$SE$	$t$	$p$	
Constant	1.18	1.13	1.04	.302	
Social stigma	0.30	0.18	1.70	.093	
Attitude	0.04	0.04	0.93	.357	
Total TV use	0.03	0.08	0.40	.694	
Social desire	-0.50	0.80	-0.62	.535	
Exp. condition	0.07	0.19	0.35	.729	
Income	0.21	0.09	2.30	.024	
Sex	0.12	0.34	0.34	.738	
MI familiarity	-0.50	0.22	-2.31	.023	

Table 61

*Total effects of overall television usage on social distance– MTurk sample*

	$R^2$	$F$	$df1$	$df2$	$p$
Model Summary	.08	7.40	7	599	.000
Omnibus Test	.04	3.16	1	599	.003
Model	Coefficient	$SE$	$t$	$p$	
Constant	3.64	0.31	11.80	.000	
Total TV use	0.00	0.02	-0.19	.848	
Social desire	-0.57	0.21	-2.68	.008	
Exp. condition	0.02	0.07	0.25	.805	
Income	0.05	0.04	1.09	.274	
Age	0.00	0.01	0.04	.856	
Sex	0.01	0.12	0.18	.967	
MI familiarity	-0.51	0.08	-6.64	.000	

Table 62

*Direct effects of overall television usage and predictors on social distance– MTurk sample*

	$R^2$	$F$	$df1$	$df2$	$p$
Model Summary	.21	17.46	9	597	.000
Omnibus Test	.00	0.33	1	597	.000
Model	Coefficient	$SE$	$t$	$p$	
Constant	1.78	0.42	4.19	.000	
Social stigma	0.39	0.06	6.67	.000	
Attitude	-0.06	0.01	-6.37	.000	
Total TV use	0.01	0.02	-0.58	.565	
Social desire	-0.24	0.20	-1.20	.232	
Exp. condition	-0.02	0.07	-0.36	.717	
Income	0.04	0.04	1.09	.276	
Age	0.00	0.01	-0.11	.911	
Sex	0.00	0.11	-0.01	.994	
MI familiarity	-0.47	0.07	-6.56	.000	

Table 63

*Total effects of exposure to television genres with negative depictions of MI on social distance—Student sample*

	<i>R</i> <sup>2</sup>	<i>F</i>	<i>df</i> 1	<i>df</i> 2	<i>p</i>
Model Summary	.21	3.41	7	90	.003
Omnibus Test	.05	6.16	1	90	.015
Model	Coefficient	<i>SE</i>	<i>t</i>	<i>p</i>	
Constant	3.56	0.88	4.06	.000	
MI TV genre use	-0.34	0.14	-2.48	.015	
Social desire	-0.92	0.80	-1.15	.251	
Total TV use	0.13	0.08	1.59	.116	
Exp. condition	0.12	0.18	0.68	.499	
Income	0.19	0.09	2.06	.043	
Sex	0.32	0.35	0.93	.353	
MI familiarity	-0.63	0.20	-3.11	.003	

Table 64

*Direct effects of exposure to television genres with negative depictions of MI on social distance—Student sample*

	<i>R</i> <sup>2</sup>	<i>F</i>	<i>df</i> 1	<i>df</i> 2	<i>P</i>
Model Summary	.24	3.11	9	88	.003
Omnibus Test	.05	5.67	1	88	.019
Model	Coefficient	<i>SE</i>	<i>t</i>	<i>P</i>	
Constant	2.26	1.19	1.89	.061	
Social stigma	0.24	0.18	1.39	.167	
Attitude	0.05	0.04	1.17	.247	
MI TV genre use	-0.33	0.14	-2.38	.019	
Social desire	-0.84	0.79	-1.06	.293	
Total TV use	0.09	0.08	1.05	.296	
Exp. condition	0.08	0.19	0.41	.680	
Income	0.20	0.09	2.17	.033	
Sex	0.32	0.35	0.91	.364	
MI familiarity	-0.53	0.21	-2.50	.014	

Table 65

*Total effects of exposure to television genres with negative depictions of MI on social distance–MTurk sample*

	<i>R</i> <sup>2</sup>	<i>F</i>	<i>df</i> 1	<i>df</i> 2	<i>p</i>
Model Summary	.08	6.00	8	590	.000
Omnibus Test	.00	0.13	1	590	.719
Model	Coefficient	<i>SE</i>	<i>t</i>	<i>p</i>	
Constant	3.64	0.32	11.43	.000	
MI TV genre use	-0.02	0.06	-0.36	.719	
Social desire	-0.53	0.21	-2.49	.013	
Total TV use	0.00	0.02	-0.01	.995	
Exp. condition	0.01	0.07	0.16	.874	
Income	0.05	0.04	1.11	.266	
Age	0.00	0.01	0.28	.780	
Sex	0.03	0.12	0.22	.827	
MI familiarity	-0.50	0.08	-6.43	.000	

Table 66

*Direct effects of exposure to television genres with negative depictions of MI on social distance–MTurk sample*

	<i>R</i> <sup>2</sup>	<i>F</i>	<i>df</i> 1	<i>df</i> 2	<i>p</i>
Model Summary	.20	15.06	10	588	.000
Omnibus Test	.00	0.55	1	588	.460
Model	Coefficient	<i>SE</i>	<i>t</i>	<i>p</i>	
Constant	1.70	0.43	3.92	.000	
Social stigma	0.39	0.06	6.65	.000	
Attitude	-0.06	0.01	-6.39	.000	
MI TV genre use	0.04	0.06	0.74	.460	
Social desire	-0.21	0.20	-1.03	.306	
Total TV use	0.01	0.02	0.26	.798	
Exp. condition	-0.03	0.07	-0.49	.623	
Income	0.04	0.04	1.02	.310	
Age	0.00	0.01	-0.29	.769	
Sex	0.00	0.11	0.03	.973	
MI familiarity	-0.46	0.07	-6.33	.000	

Table 67

*Total effects of exposure to television programs with negative depictions of MI on social distance– Student sample*

	<i>R</i> <sup>2</sup>	<i>F</i>	<i>df</i> 1	<i>df</i> 2	<i>p</i>
Model Summary	.16	2.37	7	90	.028
Omnibus Test	.00	0.07	1	90	.793
Model	Coefficient	<i>SE</i>	<i>t</i>	<i>p</i>	
Constant	2.61	0.86	3.05	.003	
MI TV program use	0.04	0.15	0.26	.793	
Social desire	-0.54	0.81	-0.67	.503	
Total TV use	0.06	0.08	0.76	.450	
Exp. condition	0.13	0.19	0.70	.485	
Income	0.21	0.09	2.24	.027	
Sex	0.09	0.37	0.25	.801	
MI familiarity	-0.61	0.21	-2.90	.005	

Table 68

*Direct effects of exposure to television programs with negative depictions of MI on social distance– Student sample*

	<i>R</i> <sup>2</sup>	<i>F</i>	<i>df</i> 1	<i>df</i> 2	<i>p</i>
Model Summary	.19	2.33	9	88	.021
Omnibus Test	.00	0.03	1	88	.867
Model	Coefficient	<i>SE</i>	<i>t</i>	<i>p</i>	
Constant	1.19	1.14	1.04	.302	
Social stigma	0.31	0.18	1.69	.094	
Attitude	0.03	0.04	0.93	.353	
MI TV program use	-0.03	0.15	-0.17	.867	
Social desire	-0.49	0.81	-0.61	.543	
Total TV use	0.04	0.08	0.42	.673	
Exp. condition	0.07	0.19	0.34	.737	
Income	0.21	0.09	2.26	.027	
Sex	0.13	0.37	0.37	.713	
MI familiarity	-0.50	0.22	-2.30	.024	

Table 69

*Total effects of exposure to television programs with negative depictions of MI on social distance– MTurk sample*

	<i>R</i> <sup>2</sup>	<i>F</i>	<i>df</i> 1	<i>df</i> 2	<i>p</i>
Model Summary	.08	6.51	8	596	.000
Omnibus Test	.00	1.10	1	596	.295
Model	Coefficient	<i>SE</i>	<i>t</i>	<i>p</i>	
Constant	3.56	0.32	11.29	.000	
MI TV program use	0.06	0.06	1.05	.295	
Social desire	-0.56	0.21	-2.63	.009	
Total TV use	-0.01	0.02	-0.55	.585	
Exp. condition	0.00	0.07	0.06	.953	
Income	0.05	0.04	1.22	.223	
Age	0.00	0.01	0.15	.878	
Sex	0.00	0.12	0.02	.987	
MI familiarity	-0.50	0.07	-6.46	.000	

Table 70

*Direct effects of exposure to television programs with negative depictions of MI on social distance– MTurk sample*

	<i>R</i> <sup>2</sup>	<i>F</i>	<i>df</i> 1	<i>df</i> 2	<i>p</i>
Model Summary	.22	16.68	10	594	.000
Omnibus Test	.01	5.04	1	594	.025
Model	Coefficient	<i>SE</i>	<i>t</i>	<i>p</i>	
Constant	1.56	0.43	3.65	.000	
Social stigma	0.40	0.06	6.92	.000	
Attitude	-0.07	0.01	-6.75	.000	
MI TV program use	0.12	0.05	2.25	.025	
Social desire	-0.22	0.20	-1.11	.268	
Total TV use	0.00	0.02	-0.21	.832	
Exp. condition	-0.05	0.07	-0.76	.448	
Income	0.06	0.04	1.35	.177	
Age	0.00	0.01	-0.17	.863	
Sex	-0.01	0.11	-0.05	.957	
MI familiarity	-0.45	0.07	-6.22	.000	

## FIGURES

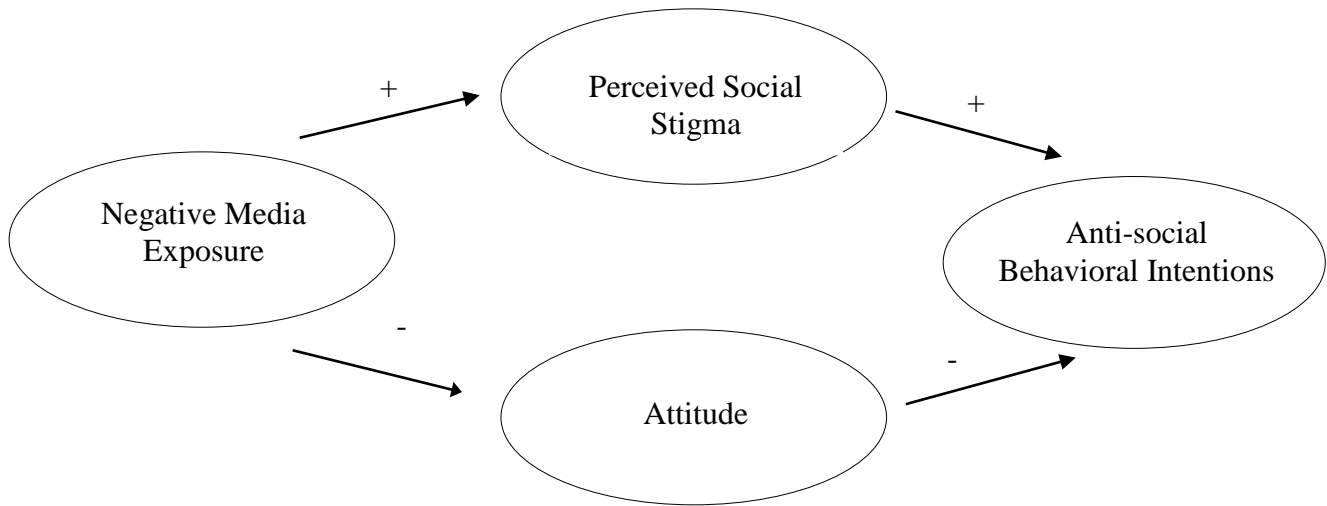
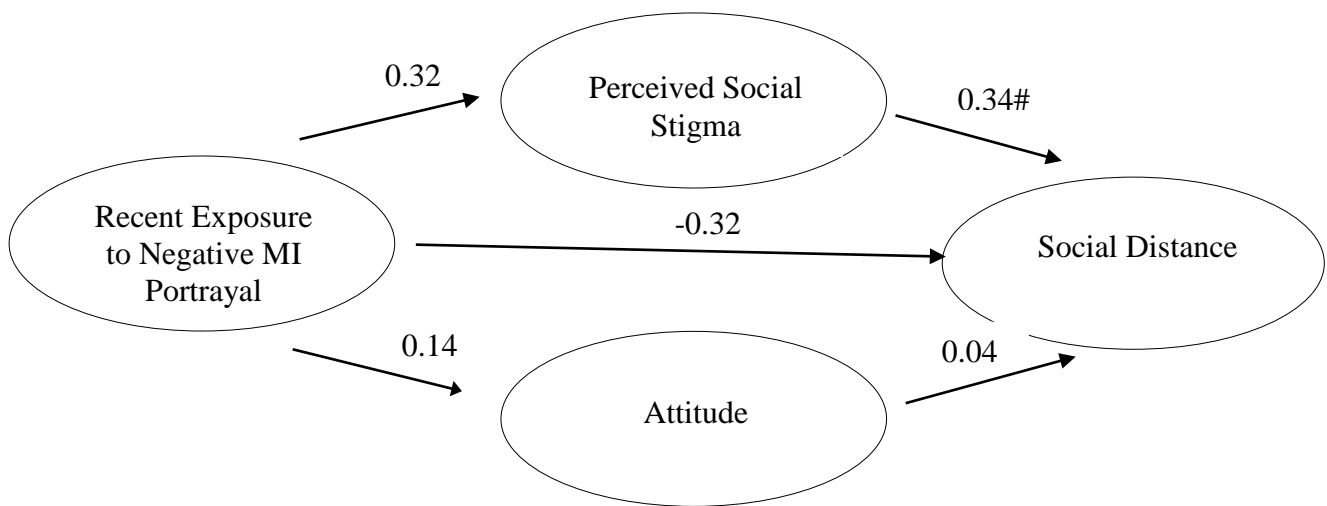


Figure 1 Model of mediated interaction intentions.

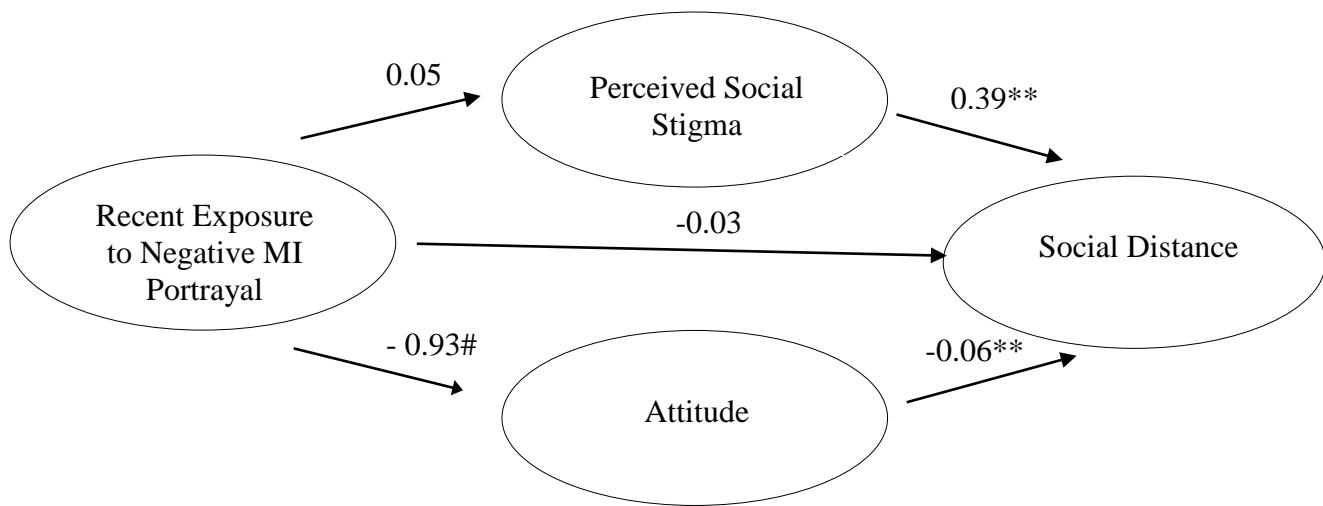


\*\*  $p < .01$

\*  $p < .05$

#  $p < .1$

Figure 2 Recent exposure to negative MI portrayals – Student Sample.

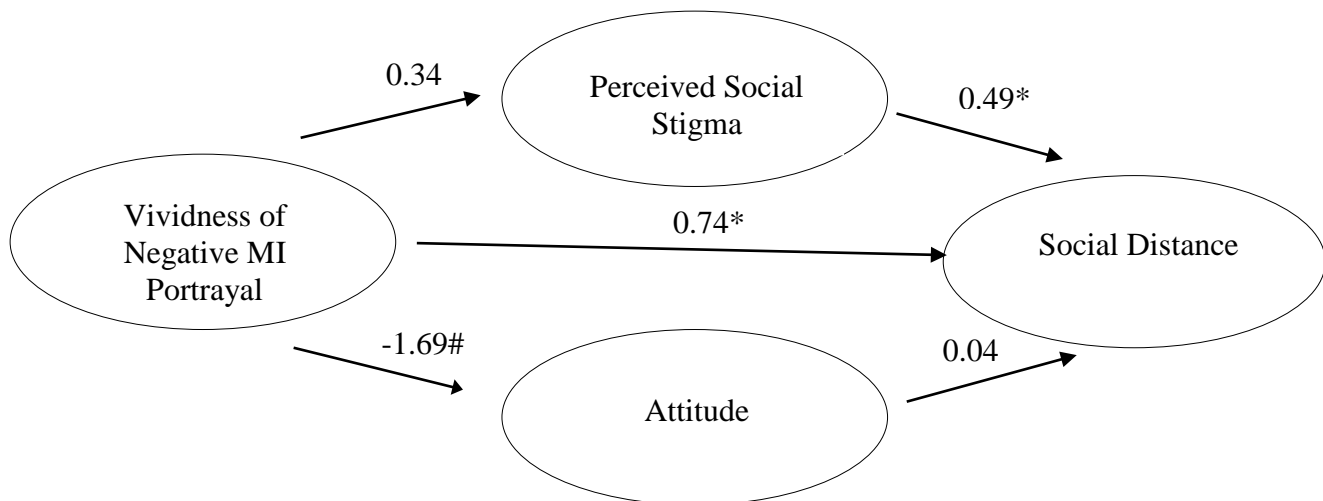


\*\*  $p < .01$

\*  $p < .05$

#  $p < .1$

Figure 3 Recent exposure to negative MI portrayals – MTurk Sample.



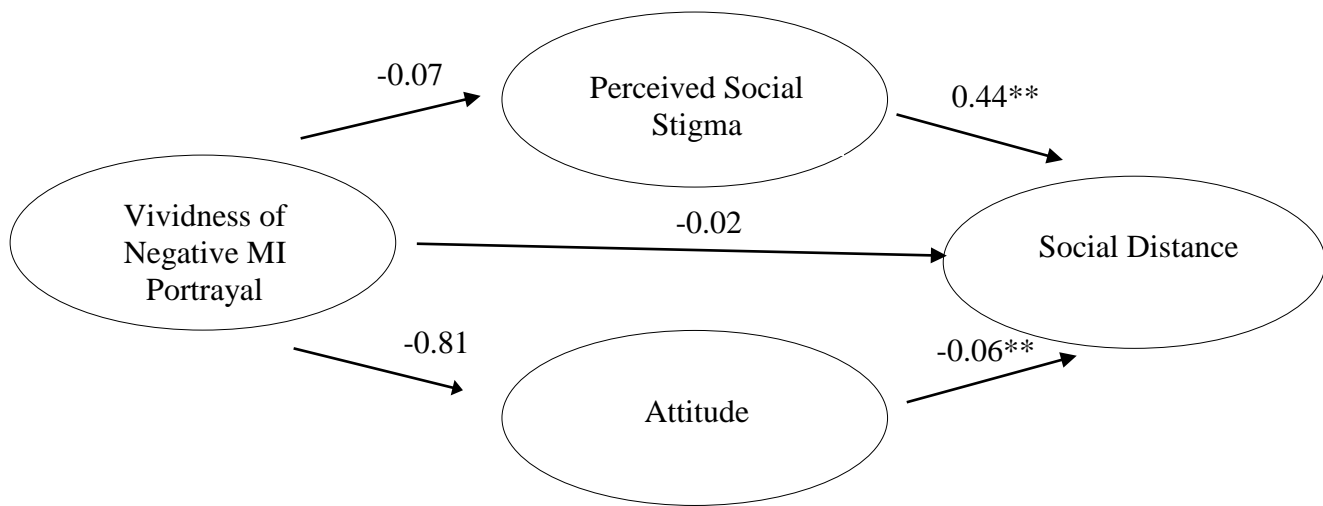
\*\*  $p < .01$

\*  $p < .05$

#  $p < .1$

Figure 4 Vividness of exposure to negative MI portrayals – Student Sample.



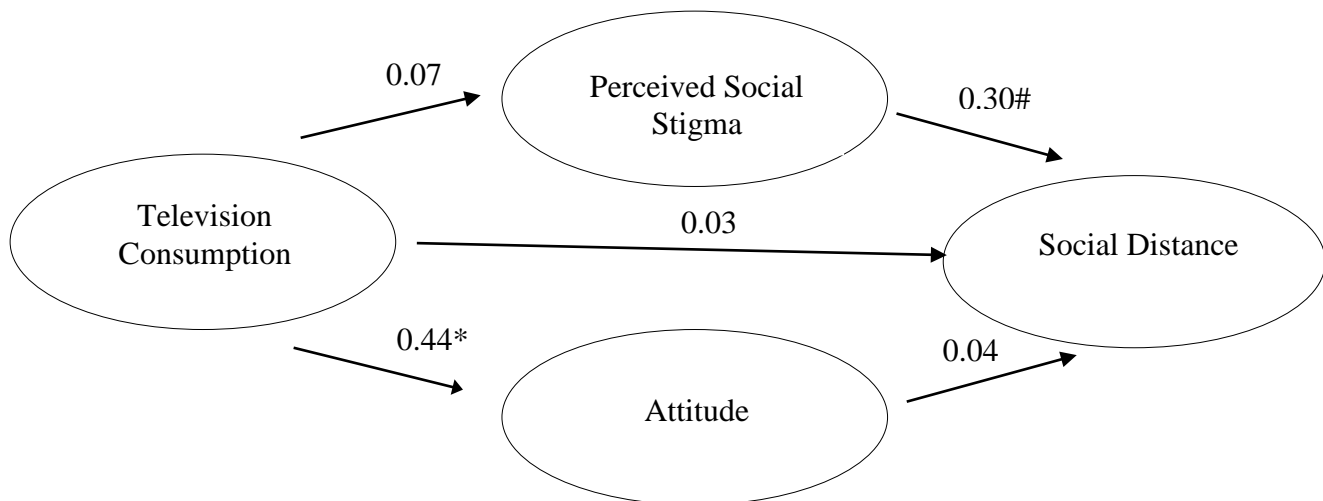


\*\*  $p < .01$

\*  $p < .05$

#  $p < .1$

Figure 5 Vividness of exposure to negative MI portrayals – MTurk Sample.

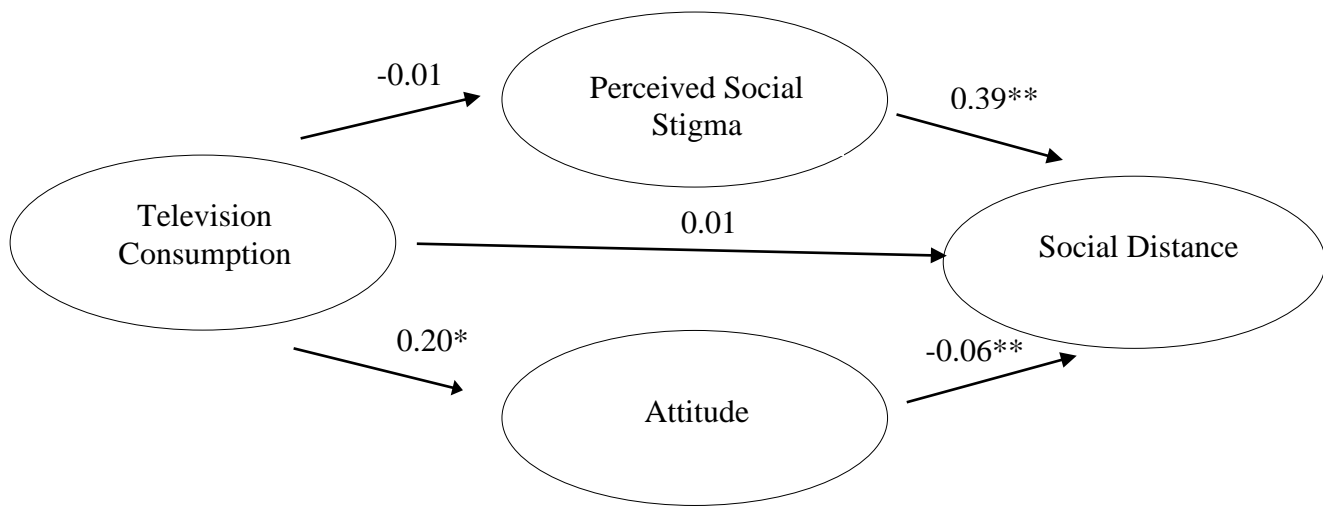


\*\*  $p < .01$

\*  $p < .05$

#  $p < .1$

Figure 6 Frequency of exposure to television – Student Sample.

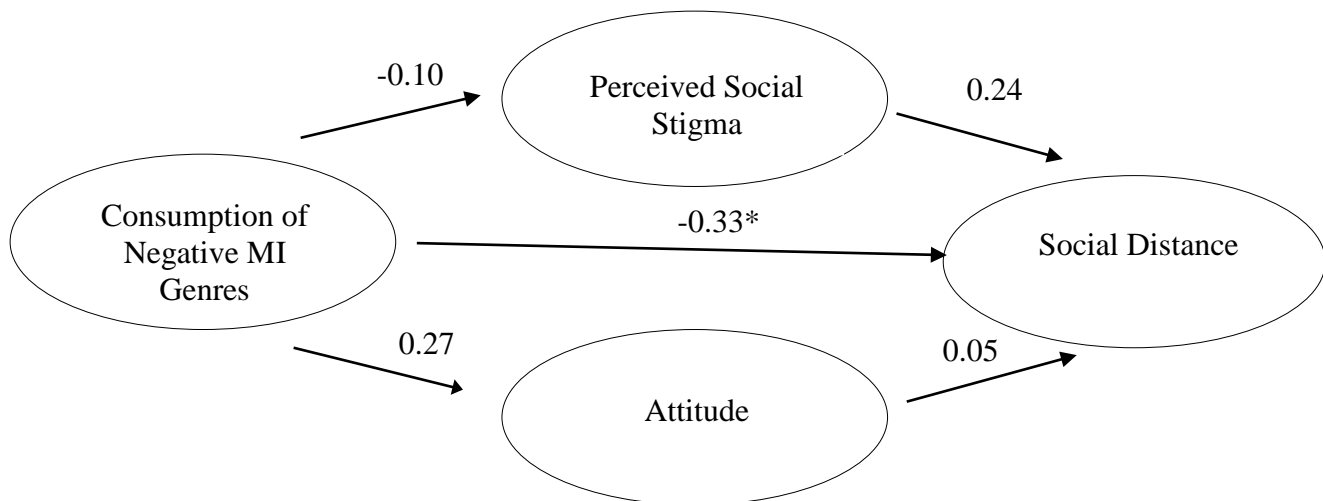


\*\*  $p < .01$

\*  $p < .05$

#  $p < .1$

Figure 7 Frequency of exposure to television – MTurk Sample.

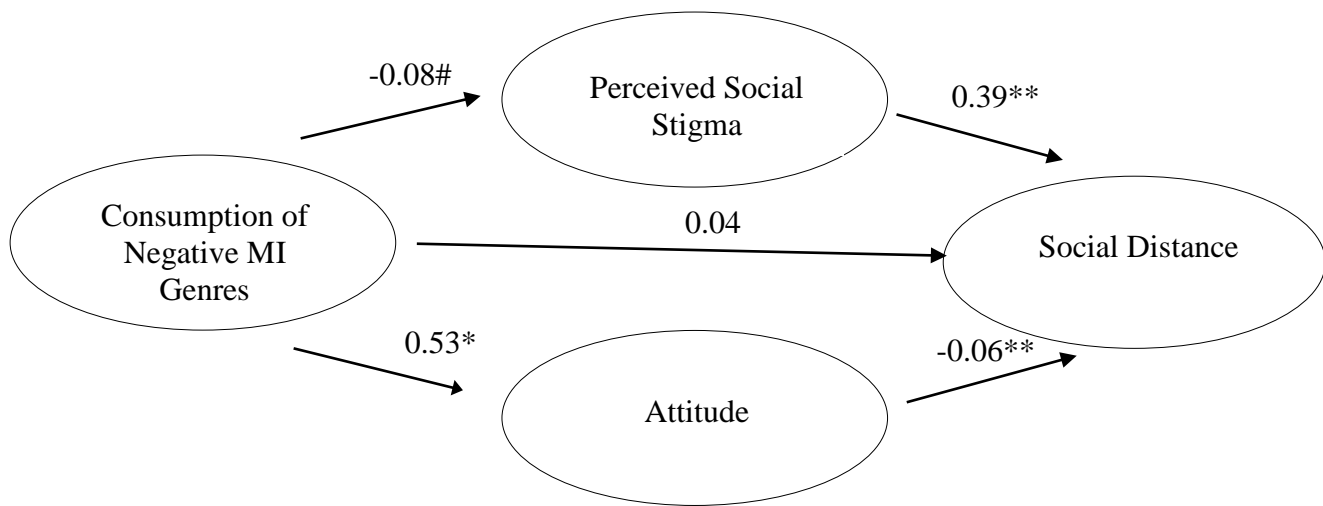


\*\*  $p < .01$

\*  $p < .05$

#  $p < .1$

Figure 8 Frequency of exposure to genres of television with negative MI portrayals – Student Sample.

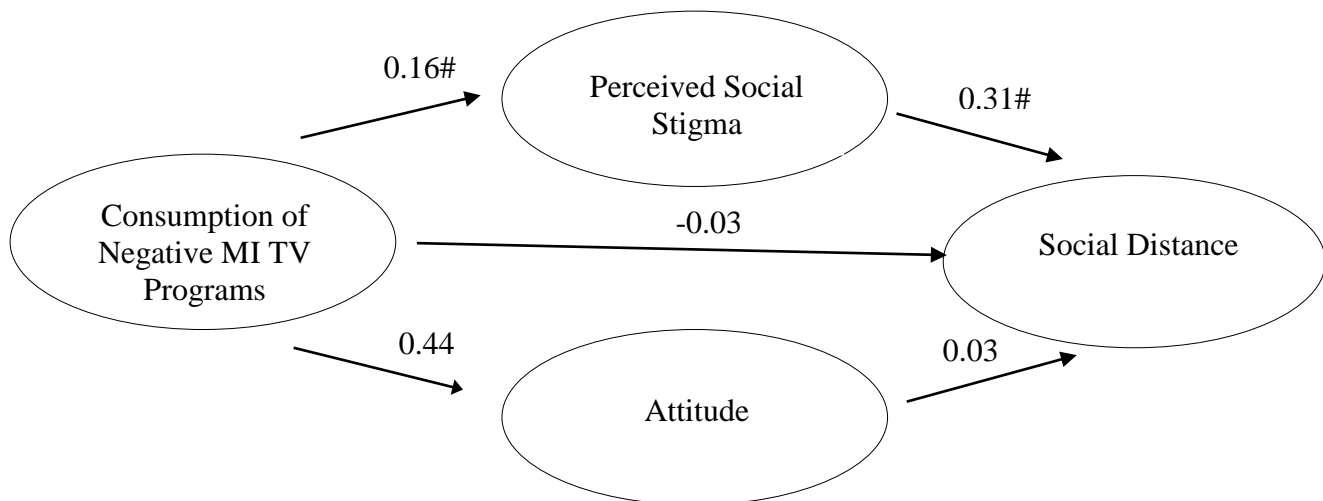


$^{**} p < .01$

$^* p < .05$

$\# p < .1$

Figure 9 Frequency of exposure to genres of television with negative MI portrayals – MTurk Sample.

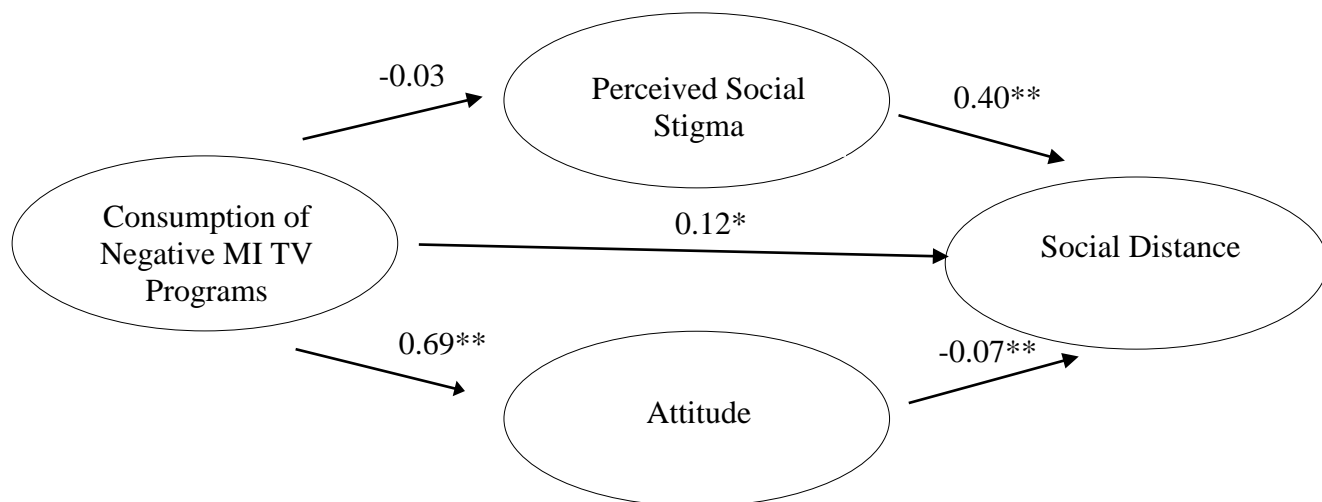


$^{**} p < .01$

$^* p < .05$

$\# p < .1$

Figure 10 Frequency of exposure to television programs with negative MI portrayals – Student Sample.



\*\*  $p < .01$

\*  $p < .05$

#  $p < .1$

*Figure 11* Frequency of exposure to television programs with negative MI portrayals – MTurk Sample.

## APPENDIX

### List of Measures

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- 1) Evaluative Belief Scale
  - 2) Social Stigma Scale
  - 3) Prejudice Scale
  - 4) Social Distance Scale
  - 5) Approach-Avoidance Task
  - 6) Error Choice Test
  - 7) Demographic and Control Items
- 

### Evaluative Belief Scale – Student Sample

People with a mental illness can just take medication to cure themselves.

How much do you agree with this statement?

1	2	3	4	5	6	7
Strongly Disagree					Strongly Agree	

How favorably do you view this characteristic of mental illness?

1	2	3	4	5	6	7
Very Unfavorably					Very Favorably	

People tend to get mental illness as a result of hereditary factors (i.e., it runs in the family).

How much do you agree with this statement?

1	2	3	4	5	6	7
Strongly Disagree					Strongly Agree	

How favorably do you view this characteristic of mental illness?

1	2	3	4	5	6	7
Very Unfavorably					Very Favorably	

People with mental illness have no control over their disorder.

How much do you agree with this statement?

1	2	3	4	5	6	7
Strongly Disagree					Strongly Agree	

How favorably do you view this characteristic of mental illness?

1	2	3	4	5	6	7
Very Unfavorably					Very Favorably	

People with mental illness generally have some stressful or traumatic event(s) that caused their illness.

How much do you agree with this statement?

1	2	3	4	5	6	7
Strongly Disagree					Strongly Agree	

How favorably do you view this characteristic of mental illness?

1            2            3            4            5            6            7

Very Unfavorably

Very Favorably

People with mental illness tend to experience emotional suffering as a result of dealing with their illness.

How much do you agree with this statement?

1            2            3            4            5            6            7

Strongly Disagree

Strongly Agree

How favorably do you view this characteristic of mental illness?

1            2            3            4            5            6            7

Very Unfavorably

Very Favorably

People with mental illness often do not portray symptoms.

How much do you agree with this statement?

1            2            3            4            5            6            7

Strongly Disagree

Strongly Agree

How favorably do you view this characteristic of mental illness?

1            2            3            4            5            6            7

Very Unfavorably

Very Favorably

Most people with mental illness can be treated.

How much do you agree with this statement?

1            2            3            4            5            6            7

Strongly Disagree

Strongly Agree

How favorably do you view this characteristic of mental illness?

1            2            3            4            5            6            7

Very Unfavorably

Very Favorably

People with mental illness tend to cause extraordinary hardship to their family and friends.

How much do you agree with this statement?

1            2            3            4            5            6            7

Strongly Disagree

Strongly Agree

How favorably do you view this characteristic of mental illness?

1            2            3            4            5            6            7

Very Unfavorably

Very Favorably

Evaluative Belief Scale – Mechanical Turk Sample

Mental illness can be best characterized as a problem with the way someone's brain functions.

How much do you agree with this statement?





Very Unfavorably

Very Favorably

People with mental illness are generally not violent.

How much do you agree with this statement?

1            2            3            4            5            6            7

Strongly Disagree

Strongly Agree

How favorably do you view this characteristic of mental illness?

1            2            3            4            5            6            7

Very Unfavorably

Very Favorably

Mental illness can never be completely cured.

How much do you agree with this statement?

1            2            3            4            5            6            7

Strongly Disagree

Strongly Agree

How favorably do you view this characteristic of mental illness?

1            2            3            4            5            6            7

Very Unfavorably

Very Favorably

Those who suffer from mental illness frequently go undiagnosed and, as a result, untreated.

How much do you agree with this statement?



Very Unfavorably

Very Favorably

Social Stigma Scale

- 1) Most people would accept a fully recovered AIDS patient as a teacher of young children in a public school. FILLER

1            2            3            4            5            6            7

Strongly Disagree

Strongly Agree

- 2) Most people view contracting HIV as an automatic death sentence. FILLER

1            2            3            4            5            6            7

Strongly Disagree

Strongly Agree

- 3) Most people would accept a former mental patient as a close friend.

1            2            3            4            5            6            7

Strongly Disagree

Strongly Agree

- 4) Most people believe that cancer can be avoided if people eat a healthy diet and exercise. FILLER

1            2            3            4            5            6            7

Strongly Disagree

Strongly Agree

- 5) Most people think that individuals generally get cancer as a result of bad family genes. FILLER

1            2            3            4            5            6            7

Strongly Disagree

Strongly Agree

- 6) Most people believe that person that has been in a mental hospital is just as intelligent as the average person.





Strongly Disagree

Strongly Agree

19) Most people would rather have diabetes than any form of cancer. FILLER

1            2            3            4            5            6            7

Strongly Disagree

Strongly Agree

20) Most people would rather contract HIV than any form of cancer. FILLER

1            2            3            4            5            6            7

Strongly Disagree

Strongly Agree

21) Most people in my community would treat a former mental patient just as they would treat anyone.

1            2            3            4            5            6            7

Strongly Disagree

Strongly Agree

22) Most young people would be reluctant to date a person who has been hospitalized for a serious mental disorder. (R)

1            2            3            4            5            6            7

Strongly Disagree

Strongly Agree

23) Most people think that individuals generally get cancer as a result of bad family genes. FILLER

1            2            3            4            5            6            7

Strongly Disagree

Strongly Agree

24) Once they know a person was in a mental hospital, most people will take his or her opinions less seriously. (R)

1            2            3            4            5            6            7

Strongly Disagree

Strongly Agree

25) Most people believe that there is a substantial reduced quality of life for people with Down's Syndrome when compared to those who do not have the disorder. FILLER

1	2	3	4	5	6	7
Strongly Disagree				Strongly Agree		

26) Most people think that individuals generally get cancer as a result of environmental factors. FILLER

1	2	3	4	5	6	7
Strongly Disagree				Strongly Agree		

Prejudice Scale

1) If a cancer victim were to make a joke about his/her disease, I would probably not want to laugh at it. FILLER

1	2	3	4	5	6	7
Strongly Disagree				Strongly Agree		

2) If a mentally disabled person were put in charge of me, I would not mind taking advice and direction from him/her. R

1	2	3	4	5	6	7
Strongly Disagree				Strongly Agree		

3) I would feel uncomfortable taking directions from a supervisor who I knew had Down's syndrome. FILLER

1	2	3	4	5	6	7
Strongly Disagree				Strongly Agree		

4) I get very upset when I hear someone make a prejudicial remark about the mentally ill. R





### Social Distance Scale

*Desired distance of self*

- 1) Could you see yourself recommending someone with cancer to work for a friend of yours? FILLER

1	2	3	4	5	6	7
Definitely Not						Definitely

- 2) Could you see yourself setting a friend up on a date with someone that has mentioned previous bouts with diabetes? FILLER

1	2	3	4	5	6	7
Definitely Not						Definitely

- 3) Could you see yourself renting a room in your home to someone with a mental illness?

1	2	3	4	5	6	7
Definitely Not						Definitely

- 4) Could you see yourself spending an evening socializing with someone with mental illness?

1	2	3	4	5	6	7
Definitely Not						Definitely

- 5) Could you see yourself one day being okay with children with Down's syndrome routinely socializing with your children? FILLER

1	2	3	4	5	6	7
Definitely Not						Definitely

6) Could you see yourself working closely, in the future, at a job with someone with a mental illness?

1	2	3	4	5	6	7
Definitely Not					Definitely	

7) Could you see yourself choosing to have a mentally ill person as a neighbor?

1	2	3	4	5	6	7
Definitely Not					Definitely	

8) Could you ever see yourself starting a romantic relationship with someone who you knew had cancer? FILLER

1	2	3	4	5	6	7
Definitely Not						Definitely

### Error Choice Test

How many American adults are living with multiple mental health disorders? FILLER

- A) 1.1 million  
B) 7.2 million-  
C) 13.1 million  
D) 18.8 million

### What percent of people in state prison systems have a recent history of mental illness?

- A) 6%  
B) 14%  
C) 26%  
D) 34%

What percent of suicide victims have a history of mental illness?

- A) 55%  
B) 70%  
C) 83%-  
D) 93%

Which racial/ethnic group used the most mental health services in 2013? FILLER

- A) African-American

- B) Asian-American
- C) Caucasian-American
- D) Hispanic-American

What percentage of Americans experience some form of mental illness in a given year? FILLER

- A) 11%
- B) 24%
- C) 33%
- D) 51%

What percent of youth in a juvenile justice system have at least one mental health condition?

- A) 44%
- B) 59%
- C) 72%
- D) 81%

Schizophrenia is mental disorder that involves... FILLER

- A) Compulsive behavior
- B) Competing personalities
- C) Hallucinations
- D) Loss of memory

OCD is a mental disorder that stands for... FILLER

- A) Obtrusive Contusion Disorder
- B) Objective Concussive Disorder
- C) Offensive Confession Disorder
- D) Obsessive Compulsive Disorder-

Seasonal Affective Disorder is most often triggered during which season? FILLER

- A) Spring
- B) Summer
- C) Fall
- D) Winter-

Which mental illness would NOT be classified as an anxiety disorder? FILLER

- A) PTSD
- B) OCD
- C) Bipolar Disorder-
- D) Panic Disorder

What proportion of individuals living in homeless shelters have a history of mental illness?

- A) 8%
- B) 20%-
- C) 33%
- D) 51%

What proportion of special education students age 14 and older drop out of school?

- A) 31%
- B) 44%-
- C) 56%
- D) 67%

On average, how many years earlier do Americans with serious mental illness die, than other adults?

- A) 15
- B) 21-
- C) 28
- D) 34

How much money does serious mental illness cost America in lost earnings per year?

- A) \$79 billion
- B) \$188 billion-
- C) \$277 billion
- D) \$362 billion

One-half of all chronic mental illness begins by which age? FILLER

- A) 7
- B) 13-
- C) 20
- D) 26

Which of the following mental illnesses is not a mood disorder? FILLER

- A) Bipolar disorder
- B) Seasonal affective disorder
- C) Post-partum depression
- D) Borderline personality disorder-

Cases have been observed where victims of mental illness get themselves into trouble because they allow decades to go by between the first appearance of symptoms and the seeking of professional help. How often does this occur?

- A) Rarely
- B) Sometimes-

- C) Often
- D) Very often

### Controls and Demographics

1) Think about **YESTERDAY**. About how many hours of TV did you watch...

...in the <u>morning</u>	0	0.5	1	1.5	2	3	4	5
... <u>during</u> school activities	0	0.5	1	1.5	2	3	4	5
... <u>after school</u> activities, before dinner	0	0.5	1	1.5	2	3	4	5
... <u>after dinner</u> , before bed	0	0.5	1	1.5	2	3	4	5

2) On a typical **WEEKDAY** (e.g., Monday through Friday), about how many hours of TV do you usually watch...

...in the <u>morning</u>	0	0.5	1	1.5	2	3	4	5
... <u>during</u> school activities	0	0.5	1	1.5	2	3	4	5
... <u>after school</u> activities, before dinner	0	0.5	1	1.5	2	3	4	5
... <u>after dinner</u> , before bed	0	0.5	1	1.5	2	3	4	5

3) On a typical **WEEKEND** (e.g., Saturday and Sunday), about how many hours of TV do you usually watch...

...in the <u>morning</u>	0	0.5	1	1.5	2	3	4	5
--------------------------	---	-----	---	-----	---	---	---	---

... <u>during</u> school activities	0	0.5	1	1.5	2	3	4	5
-------------------------------------	---	-----	---	-----	---	---	---	---

... <u>after school</u> activities, before dinner	0	0.5	1	1.5	2	3	4	5
---	---	-----	---	-----	---	---	---	---

.... <u>after dinner</u> , before bed	0	0.5	1	1.5	2	3	4	5
---------------------------------------	---	-----	---	-----	---	---	---	---

4) How often do you watch \_\_\_\_\_ television programming?

A) Sit-com

1	2	3	4	5	6	7
Never						Very Often

B) Soap-opera

1	2	3	4	5	6	7
Never						Very Often

C) Crime-drama

1	2	3	4	5	6	7
Never						Very Often

D) Medical-drama

1	2	3	4	5	6	7
Never						Very Often

E) News

1	2	3	4	5	6	7
---	---	---	---	---	---	---

Never

Very Often

5) To what degree have you watched each of the following television programs in the past two years?

**Student Sample**

American Horror Story

Castle

Criminal Minds

Law and Order SVU

Pretty Little Liars

**Mechanical Turk Sample**

Bates Motel

Criminal Minds

Hannibal

NCIS

The Following

1

2

3

4

5

6

7

Never

Very Often

6) Have you ever seen any of the clip which you have just viewed? Yes or No

7) What is your gender (circle one):      Male              Female



8) What is your age? \_\_\_\_\_

9) Race/Ethnicity (select all that apply):

White

Black  
Hispanic/Latino

Asian  
Native American

Other (please describe): \_\_\_\_\_

10) What was your family's estimated total annual household income for 2012 (circle one)?

\$10,000 or less

\$26,000 - \$50,000

\$51,000 - \$75,000

\$76,000 - \$100,000

\$101,000-\$150,000

Over \$150,000

Don't know

Crowne-Marlowe Short Form – C (True/False)

- 1) It is sometimes hard for me to go on with my work if I am not encouraged.
- 2) I sometimes feel resentful when I don't get my way.
- 3) On a few occasions, I have given up doing something because I thought too little of my ability.
- 4) There have been times when I felt like rebelling against people in authority even though I knew they were right.
- 5) No matter who I'm talking to, I'm always a good listener. R
- 6) There have been occasion when I took advantage of someone.
- 7) I'm always willing to admit when I make a mistake. R
- 8) I sometimes try to get even rather than forgive and forget.

- 9) I am always courteous, even to people who are disagreeable. R
- 10) I have never been irked when people expressed ideas very different from my own. R
- 11) There have been times when I was quite jealous of the good fortune of others.
- 12) I am sometimes irritated by people who ask favors of me.
- 13) I have never deliberately said something that hurt someone's feelings. R