ATTITUDE TOWARDS DEPRESSION:
ARE THERE DIFFERENCES IN ATTITUDE TOWARDS DEPRESSION AND CANCER?

BSc in Psychology

Attitude towards depression:
Are there differences in attitude towards depression and cancer?

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Abstract

The purpose of the present study was to examine if there is prejudice towards people who are diagnosed with depression or cancer and to see if there is more prejudice towards depression than cancer. 175 participants took part in this study, 107 participants were female and 57 were male, but 11 participants did not tell their gender. The age range was from the age of 18 to 50. The participants read a story about an individual who was either a male or female who was diagnosed with either depression or cancer and after that they answered 20 questions about the story. The results showed that the attitude towards depression has got better and there is not a significant difference in attitude towards an individual who is diagnosed with depression compared to those who are diagnosed with cancer. The overall conclusion is that the attitude towards depression is getting better.

Key words; prejudice, stigma, depression, cancer, gender differences.
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Prior studies that have been conducted do often show negative attitude towards people diagnosed with depression, while studies who measure the attitude towards cancer have often shown that the public have good attitude towards people who are diagnosed with cancer (Ledford, 2014; Martinsen, 2008; Nilsson et al., 2013; Phelan et al., 2013; Pingani et al., 2012; Schiller, Schulte-körne, Eberle-sejari, Maier, & Allgaier, 2014).

Stigma

Stigma is a term which include three components, stereotypes which refer to beliefs about the characteristics of people with mental disorders, prejudice which refer to negative feelings or attitude towards people and discrimination which refers to the enactment of these negative responses (McKeague, Hennessy, O’Driscoll, & Heary, 2015).

Depression

Depression is a serious illness and is one of the most common disorders in the world, around 350 million people get depression and two-thirds of suicides are related to depression (Ledford, 2014). There are three types of depression, symptomatic depression, around 8 – 9% of those who are suffering from depression are in this category, those individuals do have one or two symptoms of depression. The second type, which is often called dysthymia or mild depression is when the sadness is not as intense as with those who are in the third group (major depression), but dysthymia is more protracted or long-term than symptomatic depression and has least two more symptoms of depression than those who have symptomatic depression (Lanier, 2003). The third category is called major depression, to be diagnosed with major depression according to DSM – 5 an individual needs to have at least five of the following
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Symptoms throughout the same two week period (including either depressed mood or loss of interest); depressed mood most of the time, less interest or enjoyment of most activities, significant weight change not linked with dieting, insomnia or excessive sleep, excessive increase or decrease in physical movement, substantial fatigue or lack of energy, feelings of worthlessness or excessive or inappropriate guilt, lack of concentration or ability to think or make decisions and or recurrent thoughts of death and suicide or suicide attempt (Davey, 2014).

Stigma towards those who behave “outside of the norm” has been around for centuries and is often aimed at those who are mentally ill (Smith, Reddy, Foster, Asbury, & Brooks, 2011). Medical health professionals are aware that mental illness is still surrounded by stigma (Angermeyer & Dietrich, 2006). People who have depression do often experience negative attitude and stigma from the public because of their illness (Ledford, 2014; Martinsen, 2008; Schiller et al., 2014). People who have depression are often thought to be unpredictable (Angermeyer & Dietrich, 2006), to be in need of help and to be dependent on others (Angermeyer, Matschinger, & Riedel-Heller, 1999; Matthias C. Angermeyer & Matschinger, 2003). Studies have shown that people are less likely to interact with individuals who suffer from mental illness and because of the social rejection towards those who are mentally ill (Schomerus, 2012) they tend to disengage from society as they fear stigmatization which leads to worsening of their clinical condition (Mojtabai, 2010; Pingani et al., 2012; Schomerus et al., 2012). The public often interpreted depression as a sign of weakness or a failure (Schiller et al., 2014) and think that mental health staff should not be used to help people who suffer from depression. Depression is therefore often seen as just an extension of normal feelings that most people experience at some point in their lifetime. Depression is
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sometimes not viewed as an illness and blame is placed on the depressed individuals as it is believed that depression is a result of unemployment, drug or alcohol misuse, family distress and social isolation and those who are depressed should therefore seek help from a friend or a family member (Thornicroft, Rose, & Kassam, 2007). A study from Connery and Davidson (2006) did show gender differences in attitude towards depression, females are in general more likely to show positive attitude towards an individual who is diagnosed with depression. Another study, conducted by Angermeyer and Matchinger (2003) that females are more likely than males to show pity and are less likely to show anger towards an individual who is diagnosed with depression. The reason why males are less likely to show pity and more likely to express anger could be because of the stereotypical social beliefs that males should be mentally strong, be more aggressive and be emotional inexpressive (Nam et al., 2010)

Cancer

Cancer is a serious disease where abnormal cells undergo rapidly accelerated, uncontrolled division and sometimes move into adjacent normal tissue, it can then spread through the bloodstream or lymph vessels to more distant tissues in the body (Bjorklund, 2015).

The attitude shown towards cancer patients is normally good and being diagnosed with cancer may evoke feelings of sympathy in the social network (Nilsson et al., 2013), but the attitude is somewhat different given what type of cancer the patient is diagnosed with (Phelan et al., 2013). There tend to be more negative attitude towards lung cancer patients compared to other cancer patient as the blame is placed on the lung cancer patient for his or her illness, as they associate smoking to lung cancer. Studies have shown that cancer patients and other medical conditions do get a more favorable attitude
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compared to those who have mental disorders (Phelan et al., 2013; Pingani et al., 2012; Sivabalan, 2013).

The aim and the hypotheses

The aim of this study is to see if there is difference in attitude (anger, blame, pity and their willingness to help) towards individuals who are diagnosed with depression versus individuals who are diagnosed with cancer. The aim was also to see if there is gender difference in attitude towards people diagnosed with depression and if there is more negative attitude towards males than females who are diagnosed with depression. Based on the results from the studies mentioned above there were made four hypotheses in this study, they are;

1) The attitude (measured as anger, blame, pity and willingness to help) towards individuals who are diagnosed with depression is worse than the attitude towards individuals who are diagnosed with cancer.

2) Females show a more favorable attitude than males towards individuals with depression.

3) People show more anger towards males who are diagnosed with depression compared to females who are diagnosed with depression.

4) People show more pity towards females who are diagnosed with depression compared to males who are diagnosed with depression.
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Method

Participants

There was a total of 175 participants in the study: 107 (61.1%) of the participants were female, 57 (32.6%) of the participants were male and 11 (6.3%) individuals did not give up the gender. Everyone who took part in this study were Icelandic. Age ranged from 18 years to 50 years. Participants did not get rewards of any kind offered in exchange for participating in this study and there was no risk in participating in this study.

Measures

The study included a vignette and 25 questions (Appendix 1, 2). Twenty questions from the Attribution Questionnaire were used and translated from English to Icelandic. The attribution questionnaire is used to measure nine stereotypes about people with mental illness; responsibility, pity, anger, dangerousness, fear, help, coercion, segregation and avoidance (de Sousa, Marques, Rosário, & Queirós, 2012).

The vignette

The protagonist in version one of the vignette is an individual who is diagnosed with depression but the protagonist in version two is an individual who is diagnosed with cancer. Both versions of the vignette had a protagonist who were either male or female and therefore all together there were four different variations in this study (Appendix 1).

The questions

The first twenty questions of the questionnaire were related to the vignette, 11 questions out of those 20 questions were used to measure the participants score for blame, anger, pity and willingness to help towards an individual who is diagnosed with either depression or cancer. The last five questions were to gather information about the
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participant, such as age, gender, work status, relationship status, and education (Appendix 2).

**Blame.** Three questions in the questionnaire were to measure if the participants blame the individual himself/herself for his or her illness, example, “How much, or how little do you think that the protagonist can blame himself or herself for his/her illness? With the range being 1 = No responsibility to 5 = He/She is to blame for his/her condition. The three questions were combined into one variable and got the name “blame” with the aim to get the overall score for blame from each participant, with the range from 3 = little blame to 12 = much blame. The participant who scored 3–5 were put in a category called small blame, participants with the score from 6–7 were put in a category called medium blame and those participants who scored 8–12 were put in a category called much blame.

**Anger.** Three questions in the questionnaire were used to measure the participants anger towards an individual diagnosed with either depression or cancer. Example, how unlikely, or likely is it that you would be angry towards the protagonist? With the range from 1 = Very unlikely to 5 = Very likely. The three questions were combined to one variable and got the name “anger” with the aim to get the overall score for anger from each participant, with the range from 3 = little anger to 12 = much anger. The participant got sorted into three categories given their overall anger towards an individual diagnosed with illness, those who scored 3-4 fell into a category called little anger, those who scored 5-6 fell into a category called medium anger and those who scored 7-14 fell into a group called much anger.
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*Pity.* Three questions in the questionnaire were used to measure the participants’ pity towards an individual diagnosed with either depression or cancer. Example: How unlikely or likely is it that you would feel sympathy towards the protagonist? With the range from 1 = Very likely to 5 = very unlikely. Three questions for pity were combined into one variable, with the aim to get the overall score for pity shown from each participant towards an individual who got diagnosed with depression or cancer, with the range from 3 = much pity to 10 = little pity. The participants were put into two categories, given their overall score from the three questions. Participants who scored 3-5 fell into a category called much pity and those who scored 6-10 fell into a category called little pity.

*Help.* Two questions in the questionnaire were used to measure participants’ willingness to help an individual who is diagnosed with either depression or cancer, example, if the protagonist would ask you for help, would you help the protagonist? With the range being 1 = Very likely to 5 = Very unlikely. Those two questions were combined into one variable and got the name help and ranged from 2 = much help to 10 = little help. The participants were then put into three different categories, given their overall score from the two questions, the participant who scored two were put into a category called much help, those who scored four were put into a group called medium help and those who scored 4-6 were put into a group called little help.

**Design and data analysis**

This study is a Quasi experiment and convenience sample was used to gather participant in this experiment, the questionnaire was shared on Facebook and each participant read one random story before answering the questions. Crosstabs were used to see how the sample reacted (anger, blame, pity and willingness to help) towards
individuals who are diagnosed with cancer or depression. Crosstabs were used to see if the gender of the participant did effect the attitude towards an individual with depression. Lastly, Crosstabs were used to see if the sample showed different attitude towards a female who got diagnosed with depression compared to a male who got diagnosed with depression.

**Procedure**

A questionnaire was made on QuestionPro and shared on Facebook to recruit participants. The first page of the survey contained relevant information about the researcher, the purpose of the study, approximate time it would take to finish the questionnaire and the participant’s rights. After they had read about the purpose of the study and the description regarding important features they could either continue with the study or close the window browser and quit. If the participant decided to continue they got one vignette to read (out of four). In the next phase the participant got twenty questions, five questions on each page, about his or her attitude towards the protagonist in the vignette. In the last phase, the participants answered questions regarding their age, gender, education, work status and relationship status. The participants were also asked if they know or knew someone (friend or family member) who have or had depression and if they are depressed or have ever been depressed themselves.
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Results

The results of this study will be revealed in this chapter. The chapter will begin with the Descriptive statistics for the dependent variables, but the Descriptive statistics was gathered using Frequencies in SPSS. The results will be shown in tables and figures. Crosstabs in SPSS were used to get all the statistics for every hypothesis in this study.

Table 1 shows how many participants took part in this study, the range, mean and the standard deviation for the dependent variables (blame, anger, help and pity). The higher the score is for blame and anger, the more blame and anger is shown towards the illness. The higher the score is for help and pity, the more help and pity will be shown towards the individual who has been diagnosed with either depression or cancer.

<table>
<thead>
<tr>
<th>Variable</th>
<th>N</th>
<th>Range</th>
<th>M</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blame</td>
<td>162</td>
<td>3 – 12</td>
<td>6.78</td>
<td>2.35</td>
</tr>
<tr>
<td>Anger</td>
<td>169</td>
<td>3 – 14</td>
<td>6.22</td>
<td>2.75</td>
</tr>
<tr>
<td>Help</td>
<td>168</td>
<td>2 – 6</td>
<td>3.07</td>
<td>1.06</td>
</tr>
<tr>
<td>Pity</td>
<td>165</td>
<td>3 – 10</td>
<td>4.84</td>
<td>1.49</td>
</tr>
</tbody>
</table>

Table 2 shows how much percentage of the sample fell into each category (blame, anger, pity and willingness to help) towards an individual who got diagnosed with either depression or cancer. For an example, 41% of the sample that read a story about an individual who got diagnosed with depression blamed the individual himself or herself for their own illness, 27.7% of those who read the same story fell into the subcategory called medium blame and 31.3% fell into the little blame subcategory.
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Table 2
Attitude towards depression and cancer.

<table>
<thead>
<tr>
<th></th>
<th>Depression</th>
<th>Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Blame</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Little blame</td>
<td>31.3%</td>
<td>29.1%</td>
</tr>
<tr>
<td>Medium blame</td>
<td>27.7%</td>
<td>32.9%</td>
</tr>
<tr>
<td>Much blame</td>
<td>41%</td>
<td>38%</td>
</tr>
<tr>
<td><strong>Anger</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Little anger</td>
<td>28.4%</td>
<td>34.6%</td>
</tr>
<tr>
<td>Medium anger</td>
<td>29.5%</td>
<td>32.1%</td>
</tr>
<tr>
<td>Much anger</td>
<td>42%</td>
<td>33.3%</td>
</tr>
<tr>
<td><strong>Help</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Little help</td>
<td>35.6%</td>
<td>32.1%</td>
</tr>
<tr>
<td>Medium help</td>
<td>25.3%</td>
<td>29.6%</td>
</tr>
<tr>
<td>Much help</td>
<td>39.1%</td>
<td>38.3%</td>
</tr>
<tr>
<td><strong>Pity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Little pity</td>
<td>36.9%</td>
<td>32.1%</td>
</tr>
<tr>
<td>Much pity</td>
<td>63.1%</td>
<td>67.9%</td>
</tr>
</tbody>
</table>

Higher percentage of the sample who read a story about an individual who got diagnosed with depression fell into the much blame category compared to those who read a story about an individual who got diagnosed with cancer, those results are insignificant $\chi^2 (2, N = 162) = .419, p = .771$. Higher percentage of the sample who read a story about an individual who got diagnosed with depression fell into the much anger category compared to those who read a story about an individual who got diagnosed with cancer, those results are insignificant, $\chi^2 (2, N = 169) = 1.445, p = .486$. Higher percentage of the sample who read a story about an individual who got diagnosed with cancer fell into the much pity category, compared to the sample who read a story about an individual who got diagnosed with depression, the result is insignificant, $\chi^2 (1, N = 165) = .421, p = .516$. Furthermore, when it comes to help, higher percentage of this sample would be willing to help an individual who is diagnosed with depression than cancer, the results are insignificant, $\chi^2 (2, N = 168) = .450, p = .798$. 
Table 3 show how much percentage of participants (female and male) cast blame towards individuals who got diagnosed with depression or cancer. Each participant was put into a group (little blame, medium blame and much blame) given their overall score. For an example, almost 57% of the male sample that read a story about an individual who is diagnosed with depression fell into the much blame category while 35% of the female sample fell into that category.

Table 3

<table>
<thead>
<tr>
<th></th>
<th>Depression</th>
<th>Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Little blame</td>
<td>35%</td>
<td>28.9%</td>
</tr>
<tr>
<td>Medium blame</td>
<td>30%</td>
<td>37.8%</td>
</tr>
<tr>
<td>Much blame</td>
<td>35%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Little blame</td>
<td>21.7%</td>
<td>29%</td>
</tr>
<tr>
<td>Medium blame</td>
<td>21.7%</td>
<td>29%</td>
</tr>
<tr>
<td>Much blame</td>
<td>56.5%</td>
<td>41.9%</td>
</tr>
</tbody>
</table>

35% of the female sample who read a story about an individual who got diagnosed with depression showed much blame towards an individual who is diagnosed with depression and 33% of the female sample who read a story about an individual who got diagnosed with cancer showed much blame towards that individual, but the results showed an insignificant relationship between blame and type of diagnoses, $\chi^2(2, N = 105) = .784, p = .676$. There is more difference within the male sample for blame towards an individual who is diagnosed with depression versus an individual who is diagnosed with cancer, but the results are insignificant, $\chi^2(2, N = 54) = 1.125, p = .570$. The results showed that there is a higher percentage of much blame within the male sample who read a story about an individual who got diagnosed with depression compared to the female sample who read the same story, but the results are insignificant $\chi^2(2, N = 83) = 3.223, p = .200$. 
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Table 4 show how much percentage of participants (female and male) showed little anger, medium anger or much anger towards an individual who is diagnosed with either depression or cancer. Each participant was put into a group (little anger, medium anger and much anger) given their overall score. For example, 52% of the male sample who read a story about an individual who got diagnosed with depression showed much anger towards that individual, while 35.5% of the male participants who read a story about an individual who got diagnosed with cancer showed much anger towards that individual.

Table 4

<table>
<thead>
<tr>
<th></th>
<th>Depression</th>
<th>Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Little anger</td>
<td>33.3%</td>
<td>40%</td>
</tr>
<tr>
<td>Medium anger</td>
<td>30%</td>
<td>26.7%</td>
</tr>
<tr>
<td>Much anger</td>
<td>36.7%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Little anger</td>
<td>20%</td>
<td>32.3%</td>
</tr>
<tr>
<td>Medium anger</td>
<td>28%</td>
<td>32.3%</td>
</tr>
<tr>
<td>Much anger</td>
<td>52%</td>
<td>35.5%</td>
</tr>
</tbody>
</table>

A higher percentage of the female sample reported experiencing much anger towards an individual who is diagnosed with depression compared to the female sample who read about an individual who got diagnosed with cancer, even though the results reviled insignificant relation between type of diagnoses and anger, $\chi^2 (2, N = 105) = .497, p = .780$. Higher percentage of male participants reported much anger towards an individual who got diagnosed with depression compared to cancer, but the results showed an insignificant relationship between anger and type of diagnoses, $\chi^2 (2, N = 56) = 1.740, p = .419$. Higher percentage of the male sample show more anger towards an individual who is diagnosed with depression compared to the percentage of the female sample, but the results are insignificant, $\chi^2 (2, N = 85) = 2.098, p = .350$. 
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Table 5 shows how much percentage of participants (female and male) showed little pity and much pity towards an individual who is diagnosed with either depression or cancer. Each participant was put into a group (little pity or much pity) given their overall score. For example, 54% of the male participants who read a story about an individual diagnosed with depression reported feeling much pity towards an individual who is diagnosed with depression, while 78% of male participants who read a story about an individual diagnosed with cancer reported feeling much pity towards an individual who is diagnosed with cancer.

Table 5

<table>
<thead>
<tr>
<th>Pity towards depression or cancer</th>
<th>Depression</th>
<th>Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Little pity</td>
<td>33.3%</td>
<td>34.8%</td>
</tr>
<tr>
<td>Much pity</td>
<td>66.7%</td>
<td>65.2%</td>
</tr>
<tr>
<td>Male</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Little pity</td>
<td>45.8%</td>
<td>21.9%</td>
</tr>
<tr>
<td>Much pity</td>
<td>54.2%</td>
<td>78.1%</td>
</tr>
</tbody>
</table>

There was little difference in pity shown by females towards an individual who is diagnosed with depression compared to cancer, and the results for the female sample showed an insignificant relationship between pity and type of diagnoses $\chi^2(1, N = 106) = .024, p = .876$. Higher percentage of the males who read a story about an individual who got diagnosed with cancer showed much pity towards that individual compared to males who read a story about an individual who got diagnosed with depression, but the results showed that the relationship between pity and type of diagnoses was insignificant $\chi^2 (1, N = 56) = 3.609, p = .057$. Higher percentage of the female sample who read a story about an individual who got diagnosed with depression fell into the much pity category compared to the male sample who read the same story, the results are insignificant $\chi^2 (1, N = 84) = 1.150, p = .283$. 
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Table 6 shows how much percentage of participants (female and male) showed little help, medium help or much help towards an individual who is diagnosed with either depression or cancer. For example, 43% of the female sample who read a story about an individual who is diagnosed with depression were ready to offer much help towards that individual, while almost 46% of the female sample who read a story about an individual who got diagnosed with cancer would offer much help to that individual.

Table 6

<table>
<thead>
<tr>
<th>Help towards depression or cancer</th>
<th>Depression</th>
<th>Cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Female</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Little help</td>
<td>25%</td>
<td>21.7%</td>
</tr>
<tr>
<td>Medium help</td>
<td>31.7%</td>
<td>32.6%</td>
</tr>
<tr>
<td>Much help</td>
<td>43.3%</td>
<td>45.7%</td>
</tr>
<tr>
<td><strong>Male</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Little help</td>
<td>64%</td>
<td>48.4%</td>
</tr>
<tr>
<td>Medium help</td>
<td>12%</td>
<td>19.4%</td>
</tr>
<tr>
<td>Much help</td>
<td>24%</td>
<td>32.3%</td>
</tr>
</tbody>
</table>

The results of this study showed that there is little difference within the female sample when offering help to individuals who are diagnosed with either depression or cancer and the results revealed an insignificant relationship between help and type of diagnoses $\chi^2 (2, N = 106) = .156, p = .925$. Higher percentage of the males who read a story about an individual who got diagnosed with cancer fell into the much help category compared to males who read a story about an individual who got diagnosed with depression, but the results are insignificant $\chi^2 (2, N = 56) = 1.406, p = .495$. Higher percentage of the female sample who read a story about an individual who got diagnosed with depression fell into the much help category compared to the male sample, the results are significant, $\chi^2 (2, N = 85) = 11.749, p = .003$. 
Figure 1 shows the difference in anger from the participants towards a male who is diagnosed with depression versus a female who is diagnosed with depression. For example, 47% of the participants reported feeling much anger towards a male individual who is diagnosed with depression, while 35% of the participants reported feeling much anger towards a female who is diagnosed with depression.

![Figure 1. Difference in anger shown towards male versus female who are diagnosed with depression.](image)

Results showed that 47% of the sample who read a story about a male who got diagnosed with depression would feel much anger towards that individual, 22% reported that they would feel average anger towards the individual because of his illness and 31% would feel little or no anger towards the individual. Result showed that 35% of the sample that read a story about a female who got diagnosed with depression would feel much anger towards the individual because of her illness, 40% reported that they would feel some anger towards her and 24% reported that they would feel little or no anger towards her because of her illness. However, the results showed an insignificant
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The relationship between gender of the depressed individual and attitude shown towards the individual, $\chi^2 (2, N = 88) = 3.712, p = .156$.

Figure 2 shows the difference in pity from the participants towards a male who is diagnosed with depression versus a female who is diagnosed with depression.

The results showed that higher percentage of the sample would feel more pity towards a male individual who is diagnosed with depression compared to a female that is diagnosed with depression. The results are significant, $\chi^2 (1, N = 84) = 3.917, p = .04$.

![Pity Towards Depression and Cancer](image)
Discussion

It was hypothesized in this study that there would be worse attitude (higher blame and anger and less pity and help) towards individuals who are diagnosed with depression compared to individuals who are diagnosed with cancer. The results of this study do not support this hypothesis or older studies (Nilsson et al., 2013; Thornicroft et al., 2007) as they did not show significant difference in anger, blame, help and pity towards individuals who are diagnosed with depression compared to cancer. Hypothesis two was that females show more favorable attitude than males towards individuals with depression. The results of this study showed significant difference between genders and willingness to help an individual who got diagnosed with depression, where females are more willing than males to offer help towards an individual who is diagnosed with depression. However, the result did not show a significant difference between genders in pity, anger and blame shown towards an individual who got diagnosed with depression and does therefore not support hypothesis two or older studies (Connery & Davidson, 2006; Matthias C. Angermeyer & Matschinger, 2003). Hypothesis three was that there is more anger towards a male who is diagnosed with depression compared to a female who is diagnosed with depression. The findings in this study show that higher percentage of the sample show more anger towards a male individual who is diagnosed with depression, but the results are not significant an do not support this hypothesis. Hypothesis four was that females who are diagnosed with depression would be shown more pity than males who are diagnosed with depression because of the social beliefs that males should be mentally strong, be aggressive and be emotional inexpressive (Nam et al., 2010). The results in this study contradicted the hypothesis and older studies, as the results of this study was significant and showed that more percentage of
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The sample had more pity towards a male who is diagnosed with depression than to a female individual who is diagnosed with depression.

This study has a few pros. Every vignette was the same, with the only difference being that the gender and diagnosed illness did vary between vignettes, which lead to consistency and decreased the possibility of bias from the researcher. Participants could only open and answer the questionnaire once, this had to be done so each participant could not re-take the questionnaire and get another story.

This study has a few limitations. Most of the participants came from a similar background as the researcher and the female sample in this study was much bigger than the male sample. The participants took the survey alone, and could not ask if they did not understand something in the questionnaire.

Future studies could be made on this subject, with bigger sample where the gender percentage of participants should be more even with the aim to get better understanding of the gender differences. It would be interesting to see if that study would get similar results as this one. Future studies could also aim to find out if there is difference in attitude towards depression between an individual who know or knew someone who is diagnosed with depression, or if there is difference in attitude towards depression given the age of the participant.
Conclusion

The overall results indicate that the attitude towards depression has become better over the last few years. People do not show significant difference in attitude towards people who are diagnosed with depression compared to people who are diagnosed with cancer. Older studies have shown that the attitude towards individuals who are diagnosed with depression is normally negative, while the attitude towards individuals who are diagnosed with cancer is positive (Nilsson et al., 2013; Thornicroft et al., 2007). There is significant difference between genders when it comes to willingness to offer help towards an individual who is diagnosed with depression, where females are more likely to offer help towards the individual than male. However, there is not significant differences between genders when it comes to cast blame, show anger or feel pity towards an individual who is diagnosed with depression, the results does therefore not support older studies (Connery & Davidson, 2006; Matthias C. Angermeyer & Matschinger, 2003). The results do not show a significant difference in anger towards a male individual who is diagnosed with depression, compared to a female who is diagnosed with depression. However, the result showed, contradicting hypothesis four, that males, compared to females who are diagnosed with depression are shown a significantly more pity. The difference in pity given the gender of the depressed individual could be supported by a study conducted by Connery & Davidson (2006). Their findings showed that females had more positive attitude towards depression than males when the protagonist was male, but when the protagonist in the vignette was described as a female there was no difference in attitude towards depression between male and female participants.
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Appendix


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1. Hversu ólíklegt eða líklegt er að ástand viðkomandi myndi fara í taugarnar á þér?

2. Hversu ólíklegt eða líklegt er að þú myndir upplifa óöryggi í samskiptum við viðkomandi?

3. Hversu ólíklegt eða líklegt er að þú myndir upplifa reiði í garð viðkomandi?

4. Ef að þú stjórnaðir meðferð viðkomandi, hversu ólíklegt eða líklegt er að þú myndir krefjast þess að hann/hún tæki lyfin síni?

5. Hversu ólíklegt eða líklegt er að þú værir reiðubúin(n) að ræða viðkomandi um hans/hennar vanda?

6. Hversu ólíklegt eða líklegt er að þú yrðið þurður/pirraður út í viðkomandi?

7. Ef að þú værir vinnuveitandi í leit að starfskrafti, hversu ólíklegt eða líklegt væri að þú veittir viðkomandi starfsviðtal?

8. Hversu ólíklegt eða líklegt er að þú myndir óttast viðkomandi?

9. Hversu ólíklegt eða líklegt er að þú myndir upplifa þig óörruga(n) sem farþegi í bil hjá viðkomandi?

10. Hversu ólíklegt eða líklegt er að þér myndi stafa ógn af viðkomandi?

11. Ef einstaklingurinn myndi bídja þig um hjálp; hversu ólíklegt eða líklegt er að þú myndir hjálp viðkomandi?

12. Hversu ólíklegt eða líklegt er að þú fyndir til samkenndar með viðkomandi?

13. Ef að þú værir leigusali; hversu ólíklegt eða líklegt er að þú myndir leigja viðkomandi ibúð?

14. Hversu ósammála eða sammála ertu því að það væri best fyrir samþykið ef viðkomandi væri vistuð/vistaður inn á sjúkrastofnun?
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15. Hversu ósammála eða sammála ertu því að það eigi að þvinga viðkomandi í læknismeðferð þó hann vilji ekki fara?

16. Telur þú eða telur þú ekki að viðkomandi geti sjálf(ur) stjórnað þeim orsökum sem leiddu til ástends hans/hennar?

17. Telur þú eða telur þú ekki að viðkomandi beri ábyrgð á ástandi sínu?

18. Finnur þú til vorkunnar eða finnur þú ekki til vorkunnar gagnvart viðkomandi?

19. Hversu litið eða mikið telur þú viðkomandi bera ábyrgð á sínum eigin veikindum?

20. Ef viðkomandi væri einhver sem þú þekkir; hversu litlar eða miklar áhyggjur myndir þú hafa á honum/henni?

21. Hvert er kyn þitt?

22. Hver er aldur þinn?

23. Hvert er hæsta menntunarstíg sem þú hefur lokið?

24. Hver er staðan þín á vinnumarkaði?

25. Hver er hjúskaparstaðan þín?