BSc in Psychology

Attitude towards depression:

Are there differences in attitude towards
depression and cancer?

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Útdráttur

Markmið rannsóknarinnar er að kanna hvort til staðar séu fordómar í garð einstaklinga sem greinast með þunglyndi eða krabbamein í íslensku samfélagi. Einnig verður skoðað hvort meiri fordómar séu í garð þeirra sem greinast með þunglyndi samanborið við þá sem greinast með krabbamein. Alls tóku 175 einstaklingar þátt í þessari rannsókn, þar af voru 107 konur og 57 karlar en 11 einstaklingar gáfu ekki upp kyn sitt. Aldur þáttakanda var frá 18 – 50 ára aldurs. Þátttakendur lásu sögu um karlkyns eða kvenkyns einstakling sem greinst hafði með þunglyndi eða krabbamein og svöruðu því næst tuttugu spurningum út frá þeirri sögu sem hann eða hún las. Niðurstöðurnar sýna að það er ekki marktækur munur á viðhorfi til einstaklinga sem glíma við krabbamein samanborið við viðhorf til þeirra sem glíma við þunglyndi. Einnig sýndu niðurstöðurnar að það hefur ekki áhrif á viðhorf fólks af hvaða kyni einstaklingurinn sem glímir við þunglyndi er. Heildarniðurstaða er að viðhorf til þunglyndis er að verða betra.

Lykilorð; fordómar, þunglyndi, krabbamein, munur á viðhorfi eftir kyni.

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.

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

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

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

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.

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

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.

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 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.

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 1

Descriptive Statistics for the dependent variables

	N	Range	M	SD
Blame	162	3 – 12	6,78	2,35
Anger	169	3 – 14	6,22	2,75
Help	168	2 – 6	3,07	1,06
Pity	165	3 - 10	4,84	1,49

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.

Table 2

Attitude towards depression and cancer.

		Depression	Cancer
Blame			
	Little blame	31.3%	29.1%
	Medium blame	27.7%	32.9%
	Much blame	41%	38%
Anger			
	Little anger	28.4%	34.6%
	Medium anger	29.5%	32.1%
	Much anger	42%	33.3%
Help			
	Little help	35.6%	32.1%
	Medium help	25.3%	29.6%
	Much help	39.1%	38.3%
Pity			
	Little pity	36.9%	32.1%
	Much pity	63.1%	67.9%

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 χ^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, χ^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, χ^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, χ^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

Blame towards depression and cancer

		Depression	Cancer
Female			
	Little blame	35%	28.9%
	Medium blame	30%	37.8%
	Much blame	35%	33.3%
Male			
	Little blame	21.7%	29%
	Medium blame	21.7%	29%
	Much blame	56.5%	41.9%

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, χ^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, χ^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

χ^2 (2, N = 83) = 3.223, p = .200.

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

Anger towards an individual diagnosed with either depression or cancer

		Depression	Cancer
Female			
	Little anger	33.3%	40%
	Medium anger	30%	26.7%
	Much anger	36.7%	33.3%
Male			
	Little anger	20%	32.3%
	Medium anger	28%	32.3%
	Much anger	52%	35.5%

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, χ^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, χ^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, χ^2 (2, N = 85) = 2.098, p = .350.

Table 5 show 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

Pity towards depression or cancer

		Depression	Cancer
Female			
	Little pity	33.3%	34.8%
	Much pity	66.7%	65.2%
Male			
	Little pity	45.8%	21.9%
	Much pity	54.2%	78.1%

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 $\chi^2 (1, N = 84) = 1.150, p = .283$.

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

Help towards depression or cancer

		Depression	Cancer
Female			
	Little help	25%	21.7%
	Medium help	31.7%	32.6%
	Much help	43.3%	45.7%
Male			
	Little help	64%	48.4%
	Medium help	12%	19.4%
	Much help	24%	32.3%

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 χ^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 χ^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, χ^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

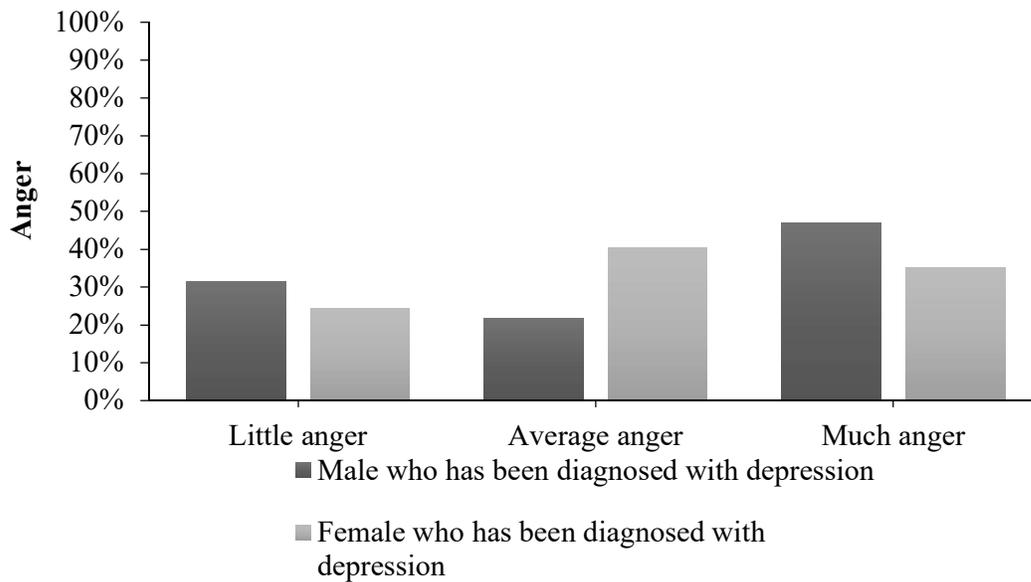anger towards a female who is diagnosed with depression.

■ Male who has been diagnosed with depression

■ Female who has been diagnosed with
  depression

Figure 1. Difference in anger shown towards male versus female who are diagnosed
with depression.

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

relationship between gender of the depressed individual and attitude shown towards the

individual, χ^2 (2, N = 88) = 3.712, p = .156.

    Figure 2 shows the difference in pity from the participants towards a male who is

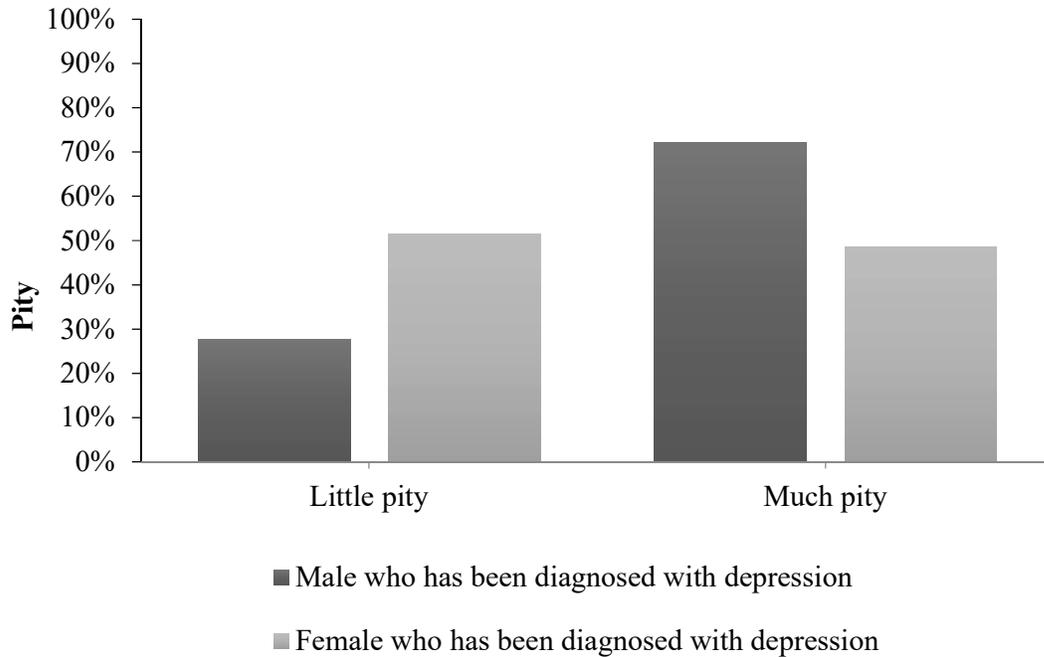diagnosed with depression versus a female who is diagnosed with depression.

■ Male who has been diagnosed with depression

■ Female who has been diagnosed with depression

Figure 2. Pity towards a female who is diagnosed with depression versus a male 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, χ^2 (1, N = 84) = 3.917, p =

.04.

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

supports 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

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 ??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.

References

Angermeyer, M. C., & Dietrich, S. (2006). Public beliefs about and attitudes towards

people with mental illness: a review of population studies. *Acta Psychiatrica*

Scandinavica, *113*(3), 163–179. https://doi.org/10.1111/j.1600-

0447.2005.00699.x

Angermeyer, M. C., Matschinger, H., & Riedel-Heller, S. G. (1999). Whom to ask for

help in case of a mental disorder? Preferences of the lay public. *Social*

Psychiatry and Psychiatric Epidemiology, *34*(4), 202–10.

Angermeyer, Matthias C., & Matschinger, H. (2003). Public beliefs about schizophrenia

and depression: similarities and differences. *Social Psychiatry and Psychiatric*

Epidemiology, *38*(9), 526–34. https://doi.org/http://dx.doi.org/10.1007/s00127-

003-0676-6

Bjorklund, B. R. (2015). *The journey of adulthood.*

Connery, H., & Davidson, K. M. (2006). A survey of attitudes to depression in the

general public: A comparison of age and gender differences. *Journal of Mental*

Health, *15*(2), 179–189. https://doi.org/10.1080/09638230600608818

Davey, G. (2014). *Psychopathology: research, assessment and treatment in clinical*

psychology (Second edition). Chichester, West Sussex: Wiley.

de Sousa, S., Marques, A., Rosário, C., & Queirós, C. (2012). Stigmatizing attitudes in

relatives of people with schizophrenia: a study using the Attribution

Questionnaire AQ-27. *Trends in Psychiatry and Psychotherapy*, *34*(4), 186–197.

https://doi.org/http://dx.doi.org/10.1590/S2237-60892012000400004

Lanier, E. (2003). Depression. *Professional Safety*, *48*(10), 27–30.

Ledford, H. (2014). If Depression Were Cancer. *Nature*, *515*(7526), 182–184.

Martinsen, E. W. (2008). Physical activity in the prevention and treatment of anxiety

and depression. *Nordic Journal of Psychiatry*, *62*, 25–29.

https://doi.org/10.1080/08039480802315640

McKeague, L., Hennessy, E., O'Driscoll, C., & Heary, C. (2015). Peer Mental Health

Stigmatization Scale: psychometric properties of a questionnaire for children

and adolescents. *Child & Adolescent Mental Health*, *20*(3), 163–170.

https://doi.org/10.1111/camh.12088

Mojtabai, R. (2010). Mental illness stigma and willingness to seek mental health care in

the European Union. *Social Psychiatry and Psychiatric Epidemiology*, *45*(7),

705–712. https://doi.org/10.1007/s00127-009-0109-2

Nam, S. K., Chu, H. J., Lee, M. K., Lee, J. H., Kim, N., & Lee, S. M. (2010). A Meta-

analysis of Gender Differences in Attitudes Toward Seeking Professional

Psychological Help. *Journal of American College Health*, *59*(2), 110–116.

Nilsson, M. I., Petersson, L.-M., Wennman-Larsen, A., Olsson, M., Vaez, M., &

Alexanderson, K. (2013). Adjustment and social support at work early after

breast cancer surgery and its associations with sickness absence. *Psycho-

Oncology*, *22*(12), 2755–2762. https://doi.org/10.1002/pon.3341

Phelan, S. M., Griffin, J. M., Jackson, G. L., Yousuf Zafar, S., Hellerstedt, W., Stahre,

M., … Ryn, M. (2013). Stigma, perceived blame, self-blame, and depressive

symptoms in men with colorectal cancer. *Psycho-Oncology*, *22*(1), 65–73.

https://doi.org/10.1002/pon.2048

Pingani, L., Forghieri, M., Ferrari, S., Ben-zeev, D., Artoni, P., Mazzi, F., … Corrigan,

P. W. (2012). Stigma and discrimination toward mental illness: translation and

validation of the Italian version of the attribution questionnaire-27 (AQ-27-I).

Social Psychiatry and Psychiatric Epidemiology, *47*(6), 993–9.

https://doi.org/http://dx.doi.org/10.1007/s00127-011-0407-3

Schiller, Y., Schulte-körne, G., Eberle-sejari, R., Maier, B., & Allgaier, A. (2014).

Increasing knowledge about depression in adolescents: effects of an information

booklet. *Social Psychiatry and Psychiatric Epidemiology*, *49*(1), 51–8.

https://doi.org/http://dx.doi.org/10.1007/s00127-013-0706-y

Schomerus, G., Schwahn, C., Holzinger, A., Corrigan, P. W., Grabe, H. J., Carta, M. G.,

& Angermeyer, M. C. (2012). Evolution of public attitudes about mental illness:

a systematic review and meta-analysis. *Acta Psychiatrica Scandinavica*, *125*(6),

440–452. https://doi.org/10.1111/j.1600-0447.2012.01826.x

Sivabalan, T. (2013). A Survey to Assess the Awareness and Attitude on Cancer

Disease among Rural Community. *International Journal of Nursing Education*,

5(2), 209–213.

Smith, V., Reddy, J., Foster, K., Asbury, E. T., & Brooks, J. (2011). Public perceptions,

knowledge and stigma towards people with schizophrenia. *Journal of Public

Mental Health*, *10*(1), 45–56.

https://doi.org/http://dx.doi.org/10.1108/17465721111134547

Thornicroft, G., Rose, D., & Kassam, A. (2007). Discrimination in health care against

people with mental illness. *International Review of Psychiatry*, *19*(2), 113–122.

https://doi.org/10.1080/09540260701278937

Appendix

1

Jón/Jóna er 52 ára og á þrjú börn þegar hann/hún greinist með þunglyndi sem hefur mikil áhrif á líf hans/hennar og tilveru. Suma daga er líðan hans/hennar það slæm að hann/hún treystir sér ekki til að mæta til vinnu. Hann/Hún hefur ekki orku til að sinna áhugamálum sínum og vill frekar vera ein/n heima heldur en að hitta vini sína. Með tímanum versna einkennin og Jón/Jóna treystir sér varla út úr húsi. Veikindadögum hans/hennar fjölgar enn meira sem leiðir að lokum til þess að hann/hún missir vinnuna. Við það að missa vinnuna einangrast Jón/Jóna enn meira þannig að það er ekkert sem kemur honum/henni af stað á morgnana. Vinirnir gefast upp á honum/henni og hann/hún hættir að hafa samband við vini og fjölskyldu. Þegar þarna er komið sér Jón/Jóna lítinn tilgang með lífinu.

Gunnar/Gunna er 52 ára og á þrjú börn þegar hann/hún greinist með krabbamein sem hefur mikil áhrif á líf hans/hennar og tilveru. Suma daga er líðan hans/hennar það slæm að hann/hún treystir sér ekki til að mæta til vinnu. Hann/Hún hefur ekki orku til að sinna áhugamálum sínum og vill frekar vera ein/n heima heldur en að hitta vini sína. Með tímanum versna einkennin og Gunnar/Gunna treystir sér varla út úr húsi. Veikindadögum hans/hennar fjölgar enn meira sem leiðir að lokum til þess að hann/hún missir vinnuna. Við það að missa vinnuna einangrast Gunnar/Gunna enn meira þannig að það er ekkert sem kemur honum/henni af stað á morgnana. Vinirnir gefast upp á honum/henni og hann/hún hættir að hafa samband við vini og fjölskyldu. Þegar þarna er komið sér Gunnar/Gunna lítinn tilgang með lífinu.

2

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 sín?

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

6. Hversu ólíklegt eða líklegt er að þú yrðir pirruð/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 óörugga(n) sem farþegi í bíl hjá viðkomandi?

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

11. Ef einstaklingurinn myndi biðja þig um hjálp; hversu ólíklegt eða líklegt er að þú myndir hjálpa 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 íbúð?

14. Hversu ósammála eða sammála ertu því að það væri best fyrir samfélagið ef viðkomandi væri vistuð/vistaður inn á sjúkrastofnun?

15. Hversu ósammála eða sammála ertu því að það eigi að þvinga viðkomandi í

    læknismeðferð jafnvel þó hann vilji ekki fara?

16. Telur þú eða telur þú ekki að viðkomandi geti sjálf(ur) stjórnað þeim orsökum

    sem leiddu til ástands 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 lítið 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 menntunarstig sem þú hefur lokið?

24. Hver er staðan þín á vinnumarkaði?

25. Hver er hjúskaparstaðan þín?