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Media Influences on Self-Stigma of Seeking Psychological Services: The Importance of Media Portrayals and Person Perception

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Psychotherapy and mental illness are often depicted on screen for audiences' entertainment. Although previous research has examined how portrayals of other professions, such as medical doctors, influence people's attitudes toward these figures in real life, there is little research looking at the effects of portrayals of psychologists and issues of mental health. The goal of the current studies was to directly examine the role of the portrayals of psychologists, those who seek therapy, and persons with a mental illness in the media (e.g., films and TV) on self-stigma. Self-stigma is the perception held by the individual that he or she is socially unacceptable. Self-stigma has been conceptualized as developing through the internalization of the way in which a stigmatized group is portrayed in society (e.g., the media). Study 1 ($N = 108$) found that both perceptions of psychologists and perceptions of people going to therapy in the media uniquely predicted self-stigma, but perceptions of persons with a mental illness in the media indirectly influenced self-stigma through perceptions of those who seek therapy. Study 2 ($N = 318$) examined the role of the media as an informational source shaping these perceptions. Results supported that the portrayals of psychologists, those who seek therapy, and persons with a mental illness in the media influenced corresponding real-life perceptions. A model of media portrayal influencing perceptions of real-life figures which then influence self-stigma was supported in Study 2.

Keywords: media, stigma, person perception, health, help seeking

An interesting paradox exists between Americans' interest in the world of psychotherapy and mental illness and their own help-seeking behaviors. For >50 years, movies and TV have presented audiences with issues of mental health, from stories based on real-life case studies, such as 1957's *The Three Faces of Eve* and 1976's TV miniseries *Sybil*, to dramatic or comedic portrayals of therapy, as in 1997's *Good Will Hunting* or 2003's *Anger Management*. Furthermore, audiences appear to enjoy watching therapists as much

as clients; Dr. Phil McGraw, Dr. Drew Pinsky, and the fictional Dr. Frasier Crane have each been very popular with TV audiences. At the same time, in many cultures, including American culture, asking for help is often viewed as a sign of weakness. In fact, many people who experience psychological and interpersonal concerns do not seek professional help (Corrigan, 2004). Among the factors psychologists have identified that may inhibit people from seeking professional help, stigma, or the negative evaluations of others, has emerged as an important barrier to help seeking (Corrigan, 2004; Corrigan & Penn, 1999). More recently, the particular concept of self-stigma, or one's own negative evaluations of oneself, has been investigated as a unique inhibitor of help seeking (Vogel, Wade, & Haake, 2006; Vogel, Wade, & Hackler, 2007).

Interest in viewing depictions of therapy and mental health issues continues, as evidenced by the success and new development of TV shows

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built around the main characters' experiences in psychotherapy. For example, the cable channel U.S.A., known for its rebroadcasts of popular procedural dramas as well as its original crime- and law-oriented programming (e.g., *NCIS*, *Law & Order: SVU*, *White Collar*, and *Covert Affairs*), has recently taken on producing therapy-oriented programming. One such show that premiered in 2011 is *Necessary Roughness*. This drama is loosely based on real-life sports psychologist Donna Dannenfels who worked with the New York Jets (Yaher, 2001) and presents Dr. Dani Santino, a psychotherapist who begins working with high-profile members of the fictional football team the New York Hawks ("About *Necessary Roughness*," 2012). Similarly, the 2012 fall line-up for the broadcast channel NBC added the new situation comedy *Go On* about a sports radio talk show host being required to attend group grief counseling before he can return to work after his wife's death ("About," n.d.). With the continued portrayals of therapy in the media, it is important to consider how these images may affect attitudes and beliefs that can contribute to help-seeking behavior. Similar concerns with the influence of procedural crime shows on jury behavior and medical dramas on physical health care behavior have examined how an inaccurate construction of reality based on media depictions could potentially result in unwanted behavior, such as acquitting criminals due to unrealistic expectations of evidence in a trial or deciding to not visit a physician when in need (Chory-Assad & Tamborini, 2003; Pfau, Mullen, & Garrow, 1995; Schweitzer & Saks, 2007; Shelton, Kim, & Barak, 2006, 2009; Valente et al., 2007; Wilkin et al., 2007). Similarly, media portrayals of psychologists and people in therapy may affect perceptions of therapy and mental illness in such a way people develop self-stigmata, which causes them to become unwilling to seek out professional psychological services in times of need (Morgan, 2006; Stuart, 2006). This question is the focus of the studies presented here.

Media Influences in General

People can learn from the media, even if there is no intention to engage in learning. Cultivation theory and social-cognitive theory both suggest that the collective messages we see in the media and the figures we view can influence our perceptions of the world and our subsequent

behaviors (Bandura, 2001; Gerbner, Gross, Morgan, Signorielli, & Shanahan, 2002). These messages are not limited to direct messages that are intended to inform an audience, but extend to any form of storytelling that can communicate information about society (Gerbner et al., 2002). Although there may be disagreement regarding the theory that all media messages ultimately present one underlying symbolic message of social reality (i.e., cultivation theory) or that different social constructions of reality can result from different types of content (i.e., social-cognitive theory), both agree that the media have a powerful influence on the development of attitudes and beliefs about the world. Several lines of research have previously demonstrated that entertainment media can influence thematically related attitudes and behavior, such as crime shows and attitudes about criminal trials or medical dramas and attitudes toward physicians (Chory-Assad & Tamborini, 2003; Pfau et al., 1995; Schweitzer & Saks, 2007; Shelton et al., 2006, 2009; Valente et al., 2007; Wilkin et al., 2007).

The "CSI Effect" hypothesis states that as audiences are exposed to procedural crime-dramas, such as *CSI*, jurors develop higher expectations for evidence and may therefore be more likely to find a defendant not guilty based on an apparent lack of convincing evidence. Studies on the CSI Effect do find that exposure to these shows increases expectations for scientific evidence, knowledge of the legal system, and confidence in their judgments (Shelton et al., 2009; Tapscott, 2012), although there is less evidence that *CSI* viewers are more likely to acquit defendants (Schweitzer & Saks, 2007; Shelton et al., 2006). Despite these shows being consumed for entertainment purposes only, they do have an effect on attitudes and beliefs about the criminal justice system.

Attitudes toward physicians are also influenced by media portrayals of doctors (Chory-Assad & Tamborini, 2003; Pfau et al., 1995). For example, Chory-Assad and Tamborini (2003) found that an increase in consuming prime-time dramas featuring doctors was related to an increased perception of doctors in real life to be more uncaring, cold, and unfriendly, which matched the portrayals of the doctors on these shows. Research has also looked at the ability of medical dramas to influence the behavior of viewers regarding seek-

ing medical care, particularly the role of fictional storylines as a form of intervention. The fictional hospital drama, *ER*, has been demonstrated to increase viewers' knowledge of emergency contraception (Kaiser Family Foundation, 1997), their knowledge of the sexually transmitted disease human papilloma virus (Kaiser Family Foundation, 2002), and knowledge and changes in nutritional behavior to prevent obesity (Valente et al., 2007). In one national study, one-third (32%) of *ER* viewers reported that they get information from the show that helps them make choices about their own or their family's health care (Kaiser Family Foundation, 1997). Similarly, Wilkin et al. (2007) found increases in knowledge about breast cancer, intentions to get a mammogram, and calls to a 1-800 information line for breast cancer after the airing of a breast cancer public service announcement in conjunction with a popular telenovela airing a storyline about breast cancer. Of particular note is that use of the 1-800 number increased only when the public service announcement was paired with the fictional storyline, but not when presented alone.

In addition to these specific examples, studies of media violence (Gentile, 2003), advertising (Singer & Singer, 2012), *Sesame Street* (Fisch, 2004), and even media misinformation (Lewandowsky, Ecker, Seifert, Schwartz, & Cook, 2012) demonstrate that fictional, paid, and news media can be effective at influencing audiences' attitudes and beliefs about the real world, and may influence their subsequent behaviors as well, despite the fact that most people do not watch TV with the intent to change their attitudes or behaviors. This supports Bandura's social-cognitive assertion that "heavy exposure to this symbolic world may eventually make the televised images appear to be the authentic state of human affairs" (Bandura, 2001, p. 281). The exact relationship between media message and behavior, however, is not direct. Previous research emphasizes the indirect relationship through changes in attitudes, beliefs, and expectations about the specific domain. According to the theory of planned behavior (Ajzen & Fishbein, 1980, 2005), attitudes are not the sole influence on behavior and the influence on actual behaviors is indirect. Ajzen and Fishbein (2005) also emphasize that to predict consistency between attitudes and behavior, one must

consider a specific attitude and its corresponding specific behavior, rather than looking from a general-domain perspective. This explanation can account for difference in the CSI Effect not having a direct effect on behavior, but research finding that behaviors related to medical care can be affected. For this reason, it is important to then investigate the effects of a separate specific domain independently, especially when the media are a major source of information regarding mental health services (Borinstein, 1992), and not generalize from research on medical health. As such, with respect to attitudes, beliefs, and behaviors regarding psychotherapy, it is necessary to examine the possibility that exposure to portrayals of psychologists, persons seeking therapy, and persons suffering from a mental illness in the media may influence professional psychological help-seeking behavior via changes in attitudes and beliefs.

Help Seeking and Self-Stigma

Within any given year, as few as 11% of people suffering from a diagnosable problem will turn to psychological services for help (Andrews, Issakidis, & Carter, 2001). These numbers are troubling, given decades of research revealing that psychological treatments are effective for a broad range of concerns (Wampold, 2001). It is thus important to identify the factors that inhibit people from seeking help when they are experiencing a problem. One such factor that has been established is self-stigma associated with seeking psychological help (Vogel et al., 2006, 2007).

The role of stigma has emerged in previous research as a prominent barrier against seeking psychological help (Corrigan, 2004 and Corrigan & Penn, 1999 for reviews). The president of the New Freedom Commission on Mental Health and the U.S. Surgeon General have identified stigma as a major obstacle to obtaining quality mental health care (<http://www.mentalhealthcommission.gov>; Satcher, 1999). Stigma is the perception of being flawed as a result of a socially unacceptable personal or physical characteristic (Blaine, 2000). Previous research has focused on the effects of public stigma, or being perceived as flawed by others, on attitudes and behavior related to seeking psychological help (Corrigan & Matthews, 2003; Komiya, Good, & Sherrod, 2000; Vogel,

Wester, Wei, & Boysen, 2005). Recent research, however, has also looked at self-stigma and found it may have an important and unique effect beyond public stigma (Vogel et al., 2006, 2007). Self-stigma is the perception held by the individual that he or she is socially unacceptable him- or herself (Vogel et al., 2007). In the case of help seeking, an individual seeking psychological services may perceive her- or him self as inferior, inadequate, or weak for needing help (Nadler & Fisher, 1986) and as a result, decide to forego psychological services to maintain a positive self-image (Miller, 1985). Furthermore, self-stigma has been conceptualized as developing through the internalization of the way in which a stigmatized group is portrayed in society (e.g., the media). Individuals may internalize negative messages on a cultural level, which leads them to see themselves negatively if they were to seek help for psychological concerns (Corrigan, 1998, 2004; Holmes & River, 1998; Nadler & Fisher, 1986; Vogel, Bitman, Hammer, & Wade, 2013). Consistent with this, Vogel et al. (2007) found that self-stigma mediated the previous established relationship between public stigma and willingness to seek help. Additionally, following participants' help-seeking behavior over a 2-month period, Vogel et al. (2006) found that participants with lower self-stigma had sought psychological services more compared with those with higher self-stigma. As such, the belief that one is inferior if he or she seeks help can influence one's help-seeking behavior.

Influences on Self-Stigma

Given that self-stigma can affect help seeking, it is important to identify the messages and factors that shape self-stigma about the counseling process. Vogel et al. (2007) showed that public stigmata, or perceptions of others, could be internalized to create self-stigmata for seeking help; however, not all individuals endorse or internalize public stigma to the same degree (Corrigan & Watson, 2002). One reason that has not been previously examined may be differing effects of the *types* of public stigma portrayals in the media. For example, it is unclear if the effect on self-stigma related to the seeking help from a psychologist is a result of (a) viewing those that seek therapy negatively (e.g., as being weak), (b) the negative labels associated with

persons with a mental illness (e.g., they are crazy), or (c) the negative perceptions associated with psychologists in general (e.g., incompetent, unethical, or untrustworthy). Self-stigma could be the result of internalizing the perceptions of societal portrayals of one, two, or all three figures (persons who seek help [PSHs], persons who have a mental illness [PMIs], or persons who conduct therapy [PCTs]¹). Given the different roles each of these figures may have on the development of self-stigma, the authors decided to explore the possibility that perceptions about each of these figures would uniquely contribute to self-stigma for seeking help and hypothesized this general relation among the variables (Figure 1).

Media Influence on Psychological Help Seeking

Identifying the factors shaping perceptions of these figures is also necessary in understanding the development of self-stigma. As previously described, character portrayals in movies and TV can influence audiences' perceptions of these figures in real life (Bandura, 2001; Chory-Assad & Tamborini, 2003; Gerbner et al., 2002; Pfau et al., 1995; Schweitzer & Saks, 2007; Shelton et al., 2006, 2009; Valente et al., 2007; Wilkin et al., 2007) and as psychotherapy and mental illness continue to be popular figures in the media, their influence, both positive and negative, ought to be examined. In an initial consideration of the role of the media on attitudes toward seeking help for psychological concerns, Vogel, Gentile, and Kaplan (2008) looked at amount of exposure to TV drama and comedy shows as a predictor of attitudes related to help-seeking behaviors. They found that TV exposure was positively linked to stigma and negatively related to attitudes toward seeking therapy. Those who watched more TV drama and comedy shows expressed more concerns about stigmatization from others and more negative attitudes toward seeking mental health services for themselves.

Although the study by Vogel et al. (2008) was valuable because it was the first study to examine the link between media effects on

¹ Abbreviations of PSH, PMI, and PCT are unique to this article and are intended only to enhance clarity throughout.

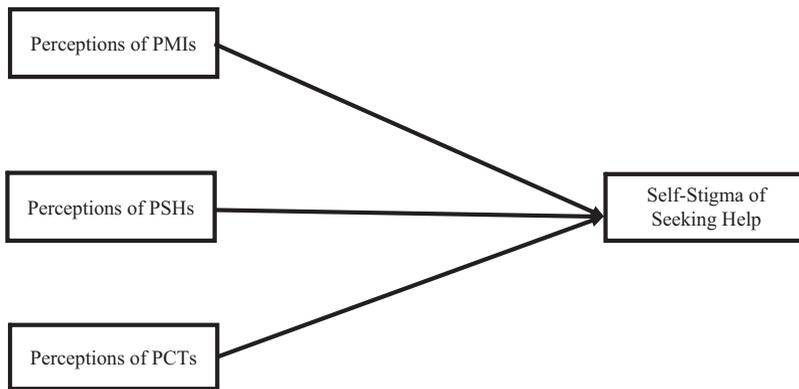


Figure 1. Proposed model of perceptions related to self-stigma of seeking help. Note. PMI = persons with a mental illness; PSH = persons seeking help; PCT = persons conducting therapy.

stigma, one limitation of this study is that it only looked at frequency of viewing and did not measure what aspects of the TV shows in particular were shaping these attitudes. Of particular relevance is that the study did not separately consider the influence of PCTs, PSHs, and PMIs. Additionally, the manner in which these perceptions were made was not measured. Simply put, the question that needs to be asked is: What about the portrayal of these figures affects self-stigma? For example, how likable a character is or if he or she has a generally positive or negative personality may directly translate into perceptions of these types of figures in real life. In addition, a viewer's opinion about whether a given character *should* be in therapy as well as impressions regarding how typical this character's problem(s) are or their willingness to seek help from *this* specific therapist may be important in how attitudes and messages are learned and internalized.

The Current Studies

No research to date has examined the separate influence of different types of therapy-related figures (PSHs, PMIs, and PCTs) on the development of self-stigma and the role of the media in shaping these specific perceptions. For this reason, the two studies presented in the following text take a step-by-step approach to these areas of inquiry. Study 1 investigates the central question concerning how the perceptions of these three key figures (PSHs, PMIs, and PCTs) in real life influence self-stigma.

Study 2 builds on the results of Study 1 and incorporates the role of the media in shaping these perceptions via the portrayals of these figures in movies and on TV.

Study 1

The goal of Study 1 was to investigate factors that may influence the development of self-stigma related to seeking psychological help. Our primary hypothesis was that perceptions of PSHs, PMIs, and PCTs would each uniquely contribute to feelings of self-stigma associated with seeking help.

Methods

Participants. There were 108 students who participated in this study for partial credit in introductory psychology courses at a large Mid-western university: 52% were male, 86% identified as White, and 84% indicated they were native English speakers. The average age of participants was 19.5, ranging from 18 to 37, with a standard deviation of 1.7. Fifty-two percent of the participants were freshman in college, with 26% sophomore, 14% juniors, and 8% seniors.

Materials.

Self-stigma of seeking help. This 10-item scale is used to assess self-stigma associated with seeking help for psychological concerns (Vogel et al., 2006). For the current study, items are measured on a 7-point scale from 1 *strongly disagree* to 7 *strongly agree*. Example items

include “I would feel inadequate if I went to a therapist for psychological help” and “My self-esteem would increase if I talked to a therapist.” Estimates of the internal consistency range from .86 to .90, and the 2-week test–retest reliability has been reported to be .72 in college student samples (Vogel et al., 2006). The internal reliability for the current study was .87. The Self-Stigma of Seeking Help (SSOSH) has been shown to have a unidimensional factor structure and evidence of validity through correlations with attitudes toward seeking professional help and intention to seek counseling ($r_s = -.53$ to $-.63$ and $-.32$ to $-.38$, respectively; Vogel et al., 2006).

Perceptions of PCTs. For perceptions of PCTs, based on the procedures and characteristics identified by Pfau et al. (1995), participants were asked to compare therapists with medical doctors on 12 characteristics (experienced, expertness, skillful, intelligent, friendly, likable, sociable, warm, honest, reliable, responsible, and trustworthy). For each characteristic, participants responded on a scale from 1 *much less* to 7 *much more*, with the number 4 being labeled with “as.” Scores were averaged so higher scores represent perceiving PCTs positively; the internal reliability of the scores was .83.

Perceptions of PSHs and PMIs. Participants were surveyed regarding their impressions of the characteristics associated with those seeking mental health services and those experiencing mental health concerns. Because previous research has not assessed these particular figures before in this way, unlike perceptions of psychologists described earlier, the authors piloted various adjectives to find ones that would describe these figures and compiled a list of 12 positively and negatively charged words. Participants in the current study rated PSHs and PMIs on these five positive adjectives (intelligent, responsible, good, valuable, and capable) and seven negative adjectives (indecisive, dangerous, incompetent, isolated, alone, dependent, and socially awkward) by indicating whether the adjective was characteristic of these types of people from 1 *very uncharacteristic* to 7 *very characteristic*. A confirmatory principal component factor analysis with varimax rotation supported the separation of the adjectives into two factors (positive and negative) for both PSH and PMI perception measures. The internal reliability of the positive and negative scales for per-

ceptions of PSHs was .94 and .75, respectively. The internal reliability of the scores for the positive and negative scales for perceptions of PMIs was .89 and .79, respectively.

Procedure. Participants were recruited through an online recruitment system available to students enrolled in introductory psychology and communication studies courses. The advertisement for this study stated they would be filling out questionnaires regarding general attitudes. At the beginning of the study sessions, participants read the informed consent (which informed them of the counseling focus on the study). After agreeing to participate (no one declined after being fully informed), participants completed all questionnaires using the MediaLab computer program in the following order: SSOSH; perceptions of PCTs, PSHs, and PMIs; and demographic items (including age, gender, ethnicity, native language, and year in school). After completing these, participants were debriefed, given a receipt for their course credit, and dismissed.

Results

Preliminary analyses: Perceptions of real-life PCTs, PSHs, and PMIs. Zero-order correlations of each type of perception and self-stigma are presented in Table 1. To evaluate the general perceptions of PCTs, one-sample *t*-tests were conducted. With the midpoint on the scale (4) indicating that PCTs were perceived equally to medical professionals on the given characteristic, participants rated PCTs more positively than medical professionals, $M = 4.3$, $SD = 0.6$, $t(107) = 5.22$, $p < .001$, $d = 0.5$. Paired-samples *t*-tests were used to compare positive and negative ratings of PSHs and PMIs. Participants rated PSHs significantly more negatively ($M = 4.4$, $SD = 0.99$) than positively ($M = 3.94$, $SD = 1.34$), $M_{Diff} = -0.45$, $SD_{Diff} = 1.91$, $t(107) = -2.47$, $p < .05$, $95\% CI = (-.82, -.09)$, $d = 0.24$. Similarly, participants rated PMIs significant more negatively ($M = 4.97$, $SD = 0.93$) than positively ($M = 3.66$, $SD = 1.19$), $M_{Diff} = -1.31$, $SD_{Diff} = 1.67$, $t(107) = -8.15$, $p < .001$, $95\% CI = (-1.63, -0.99)$, $d = 0.78$. Comparing PSHs with PMIs, participants rated PSHs significantly more positively than PMIs, $M_{Diff} = 0.28$, $SD_{Diff} = 1.11$, $t(107) = 2.65$, $p < .01$, $95\% CI = (0.07, 0.50)$, $d = 0.25$, and participants rated PSHs significantly less negatively than PMIs, $M_{Diff} = -0.$

Table 1
Study 1 Zero-Order Correlations of Stigma and Perceptions of PCTs, PSHs, and PMIs

Measure	1	2	3	4	5	6
1. Self-stigma	—	-.22*	-.22*	.27**	-.13	.06
2. Perceptions of PCTs ^a		—	.04	.10	-.02	.14
3. Positive perceptions of PSHs			—	-.33**	.62**	-.20*
4. Negative perceptions of PSHs				—	-.30**	.42**
5. Positive perceptions of PMIs					—	-.22*
6. Negative perceptions of PMIs						—

Note. PCT = person conducting therapy; PSH = person seeking help; PMI = person with mental illness.

^a Higher values of perceptions of PCTs indicate more positive ratings as compared with physicians.

* $p < .05$. ** $p < .01$.

57, $SD_{Diff} = 1.03$, $t(107) = -5.73$, $p < .001$, $95\% CI = (-0.77, -0.37)$, $d = 0.55$.

Main analyses: Path model of perceptions and self-stigma. Our primary hypothesis was that perceptions of psychologists, PSHs, and PMIs would each uniquely contribute to feelings of self-stigma associated with seeking help. As indicated by Table 1, perceptions of PCTs and PSHs (positive and negative) were correlated with self-stigma but perceptions of PMIs were not; therefore, perceptions of PCTs and perceptions of PSHs were each included as predictor variables in a stepwise linear regression predicting stigma. The overall model was significant, $R^2 = 0.13$, $p = .001$, with both positive perceptions of PCTs, $\beta = -0.25$, $p < .01$, and negative perceptions of PSHs, $\beta = 0.29$, $p < .01$, uniquely predicting self-stigma. This model suggests that positive perceptions of psychologists can decrease self-stigma, whereas negative perceptions of PSHs can increase self-stigma.

Although it was initially hypothesized, perceptions of PMIs did not correlate with self-stigma. These perceptions were, however, sig-

nificantly correlated with perceptions of PSHs (Table 1). This may be consistent with a recent assertion that perceptions of those with a mental illness may be linked to help-seeking decisions through (i.e., mediation) perceptions of what it means to seek help (Vogel et al., 2007). To examine the possibility that perceptions of those who seek help mediate the link between perceptions of those with a mental illness and self-stigma, we conducted a path analysis using AMOS Version 20 (Figure 2). Specifically, perceptions of PCTs and negative perceptions of PSHs were set as both predictors of self-stigma, and both positive and negative perceptions of PMIs were set as predictors of negative perceptions of PSHs. This mediation model showed a good fit to the data, $\chi^2(3, N = 108) = .83$, $p = .84$, comparative fit index (CFI) = 1.00, incremental fit index (IFI) = 1.05, root-mean-square error of approximation (RMSEA) = 0.0 (90% confidence interval = 0.0, 0.09). Our model suggests that the more negatively one perceives PMIs and the less positively one perceives PMIs, the more negatively one perceives PSHs.

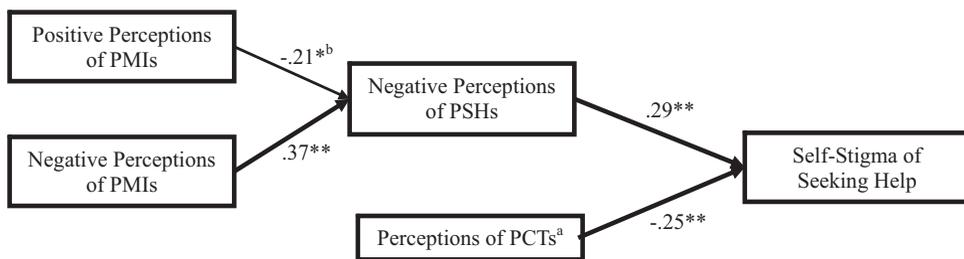


Figure 2. Model of perceptions related to self-stigma of seeking help in Study 1. Note. ** $p < .01$, * $p < .05$. PCT = person conducting therapy; PSH = person seeking help; PMI = person with mental illness. ^a Higher values of perceptions of PCTs indicate more positive ratings as compared with physicians. ^b This relationship was found to be nonsignificant in Study 2.

Additionally, the model suggests holding negative perceptions of PSHs increases self-stigma, whereas holding positive perceptions of PCTs decreases self-stigma.

Discussion

The results from Study 1 are consistent with the hypothesis that the perceptions of specific figures in the mental health system can influence self-stigma, but the pattern among these figures was different than expected. Although perceptions of therapists and people seeking therapy were correlated with self-stigma, perceptions of people with a mental illness were related to perceptions of people seeking therapy only. The relation between perceptions of therapists and self-stigma fits with previous research on self-stigma suggesting that more positive views of PCTs can lead to less self-stigma (Vogel et al., 2007, 2008). If one believes that psychologists are experienced, trustworthy experts, turning to a professional for help may not be considered a sign of weakness and may ultimately increase one's willingness to seek help in a time of need.

The model in Study 1 adds to this picture by incorporating the perceptions of PSHs and PMIs. The two were hypothesized to be separate influences because it was unclear whether the self-stigma was more a reflection of negativity associated with *asking for help* (e.g., being emotionally weak) or negativity associated with *needing help* (e.g., being mentally unstable and "crazy"). The results suggest that self-stigma reflects a concern about *asking for help* rather than an implication that the person is someone who *needs help*. Because the measure of self-stigma is one that asks about one's willingness to seek out help, attitudes and beliefs specifically related to *help seeking* ought to be more predictive of the willingness to do so (Ajzen & Fishbein, 1980, 2005). The two key figures in a therapy setting are the therapist and the client (Rogers, 1957); therefore, the theory of planned behavior would suggest it is the attitudes and beliefs about these two figures that should be taken into account (Ajzen & Fishbein, 1980, 2005) and the model that emerged from Study 1 supports this.

Also fitting with domain-specificity component of the theory of planned behavior (Ajzen & Fishbein, 1980, 2005), it is the negative perceptions of PSHs that influence self-stigma. Although posi-

tive perceptions of PSHs were negatively correlated with self-stigma, this effect disappeared after controlling for negative perceptions as well as perceptions of psychologists. As self-stigma is related to negative perceptions of oneself, it is appropriate that negative perceptions of PSHs would be important. It is these negative perceptions of others that would be internalized to create self-stigma (Corrigan, 1998, 2004; Holmes & River, 1998; Nadler & Fisher, 1986; Vogel et al., 2013). This suggests two possible routes to self-stigma: the internalization of negative beliefs of PSHs and the negative beliefs and emotions associated with asking for help from someone who may not be perceived as competent or trustworthy. In turn, the perceptions of PMIs are not unimportant, as they may provide an indirect route to self-stigma. Although, perceptions of PMIs do not directly affect self-stigma, they do help shape the perceptions of PSHs, which then influences self-stigma. This finding is consistent with some recent research showing that perceptions of those with mental illness were most closely related experiences of distress, whereas perceptions of those who seek help were most closely related to intentions to seek help (Lannin, Vogel, Brenner, & Tucker, in press).

Study 2

Given the significant influence of perceptions of PCTs and PSHs on self-stigma, as well as perceptions of PMIs on those who seek help, it is important to consider where the information comes from that shapes these perceptions. The main goal of Study 2 was to expand on the results of Study 1 and the previous findings by Vogel et al. (2008) regarding the role the media play in shaping perceptions of PCTs, PSHs, and PMIs. We specifically build on the previous findings by examining how specific aspects of the portrayals of these figures on TV and film can influence these perceptions. Consistent with previous research showing the influence of media portrayals of physicians on attitudes of real-life physicians (Chory-Assad & Tamborini, 2003; Pfau et al., 1995) and health behaviors of viewers (Valente et al., 2007; Wilkin et al., 2007), we hypothesized that portrayals of PCTs, PSHs, and PMIs figures on TV and film would influence the perceptions of these figures in real life, and these real-life perceptions would predict self-stigma, replicating the results from Study 1. This analysis will provide an

initial step in understanding the relationship between (1) media portrayals of PCTs, PSHs, and PMIs; (2) individuals' actual perceptions of these figures; and (3) subsequent self-stigma toward seeking therapy.

Methods

Participants. There were 327 students who participated in this study for partial credit in introductory psychology courses at a large Midwestern university. Nine participants were dropped from the analysis after cleaning procedures described later in the text, as they had no usable media-related data. Of the remaining 318 participants, 40% were male, 80% identified as White, and 88% indicated they were native English speakers. The average age of participants was 19.7, ranging from 18 to 37, with a standard deviation of 2.5. Forty-eight percent of participants were freshman, with 29% sophomores, 15% juniors, 8% seniors, and 1% who indicated graduate student status.

Materials.

Previous measures. The SSOSH and measures for the perceptions of PCTs, PSHs, and PMIs were the same as those described for Study 1. The internal reliability in this study for scores on the SSOSH was .88 and for perceptions of PCTs was .85. The internal reliability for scores on the positive subscales for PSHs and PMIs were .93 and .86, respectively. The internal reliability for scores on the negative subscales for PSHs and PMIs were .78 and .81, respectively.

Movie and TV shows. In a pilot study, we asked participants to recall movies and television shows they had seen that included portrayals of therapists (PCTs), PSHs, and PMIs. From this list, the 10 most popular responses for each of the six categories (PCTs, PSHs, and PMIs across both movie and TV formats) were presented to participants in the current study to aid their recall of movie and TV shows that portray PCT, PSH, and PMI characters.

Character portrayals. For each figure (PCT, PSH, and PMI) within each media type (movie or TV), participants were asked to rate two separate characters on the same adjective sets used for perceptions of real-life PCTs, PSHs, and PMIs described in Study 1.² In addition, new questions were included for each character type to better elucidate the portrayal.

For PCT characters, participants were also asked (1) how realistic they thought the character was from 1 *very unrealistic* to 7 *very realistic* and (2) to indicate if they would seek help from this character if in need of psychological help by checking either "definitely no," "probably not," "probably," or "definitely yes."

For PSH characters, additional questions asked (1) how typical the problem was among a general population and, separately, (2) among those seeking help from 1 *not at all typical* to 7 *very typical*, as well as (3) if the participant felt the character ought to be in therapy by selecting "yes" or "no."

For PMI characters, participants were asked the same three questions as those for the PSH characters, as well as (4) if the character ought to be in therapy ("yes" or "no").

For all characters, participants were asked (1) how much they liked the character from 1 *not at all* to 7 *very much* and (2) to indicate how often the character was on screen by selecting from "never," "rarely," "sometimes," "often," or "all the time."

Procedures.

Study procedure. Recruitment for Study 2 was identical to Study 1. After agreeing to participate in the study, participants completed the SSOSH and perceptions of PCTs, PSHs, and PMIs using the MediaLab computer program. Following this, participants were given a survey packet that listed 10 movies for each type of character, as determined in the pilot study, and asked to indicate how many times they had seen each movie (never, 1, 2, 3–4, 5–9, or 10+ times). They were also asked to identify two additional movies for each category, if possible. After filling out this packet, participants answered a brief demographics survey (including age, race, native language, year in school) and a similar packet of TV shows while the experimenter identified the two movies the participant had seen the most frequently in each category. If there were more than two titles to choose from, based on frequency, a roll of a die was used to select one (or two) at random. At this point, participants were asked to fill out the character portrayal surveys on

² Note: For portrayals of PCTs, unlike perceptions of PCTs in real life, these items asked how characteristic the trait was for the PCT character rather than asking participants to compare characters with physicians.

the computer using the six characters indicated by the experimenter. The procedure was then repeated for TV shows; finally, participants were debriefed and thanked for their time.

Data cleaning procedure. When all data had been collected, the following procedure was used to prepare the portrayals data for analysis. Any characters that were entered incorrectly (e.g., a PSH character being listed as a PCT character) were deleted; for any characters repeated within the same category, the second entry was deleted. Similarly, any responses about characters entered that did not match the movie or TV show indicated were deleted (e.g., the character is not actually in the movie/show specified). Following this, the movies and shows for each category were tallied; titles having at least 10 responses were kept for analysis, including titles that were written in. All other movie and show responses were removed. Only nine participants were left with no movie/TV data and were dropped from the full

analysis; all other participants had at least one valid title. The final list of titles used for analysis is presented in Table 2.

Results

Preliminary analysis: Perceptions of real-life PCTs, PSHs, and PMIs. Zero-order correlations of perceptions and stigma are presented in Table 3. One-sample *t*-tests were conducted to test general perceptions of PCTs, with the midpoint on the scale (4) indicating that PCTs were perceived equally to medical professionals on the given characteristic. Results replicated those of Study 1; participants rated psychologists positively, $M = 4.35$, $SD = .63$, $t(317) = 9.88$, $p < .001$, $d = 0.56$. Paired-samples *t*-tests were used to compare positive and negative ratings of PSHs and PMIs. Also replicating the results from Study 1, participants rated PSHs significantly more negatively ($M = 4.54$, $SD = 0.99$) than

Table 2
Movie and Television Show Titles, Frequencies, and Genres

With persons with mental illness			With persons seeking help			With psychologists		
Movies	<i>N</i>	Genre	Movies	<i>N</i>	Genre	Movies	<i>N</i>	Genre
Fight Club	110	Thriller	Step Brothers	160	Comedy	Freaky Friday	138	Comedy
A Beautiful Mind	84	Drama	Anger Management	96	Comedy	Anger Management	100	Comedy
What about Bob	37	Comedy	A Beautiful Mind	58	Drama	A Beautiful Mind	51	Drama
Donnie Darko	29	Drama	Good Will Hunting	53	Drama	Good Will Hunting	43	Drama
Hide and Seek	29	Thriller	Donnie Darko	37	Drama	Cruel Intentions	35	Drama
Red Dragon	23	Thriller	What about Bob	30	Comedy	What about Bob	30	Comedy
28 Days	22	Drama	One Flew Over. . .	16	Drama	Step Brothers	18	Comedy
As Good As It Gets	22	Comedy	Analyze This	11	Comedy	Matchstick Men	13	Comedy
The Aviator	18	Drama	Matchstick Men	11	Comedy			
Rain Man	16	Drama ^a						
Analyze This	12	Comedy						
I Am Sam	12	Drama ^a						
TV shows	<i>N</i>	Genre	TV shows	<i>N</i>	Genre	TV shows	<i>N</i>	Genre
House MD	125	Drama	Family Guy	154	Comedy	Family Guy	165	Comedy
Grey's Anatomy	98	Drama	Two and a Half Men	79	Comedy	Two and a Half Men	92	Comedy
Monk	55	Mystery	King of Queens	61	Comedy	Grey's Anatomy	61	Drama
Lost	42	Mystery	Desperate Housewives	55	Drama	Monk	30	Mystery
30 Rock	28	Comedy	Grey's Anatomy	48	Drama	Celebrity Rehab	27	Reality-Based
Dexter	21	Mystery	The OC	30	Drama	Law and Order	19	Drama
Phineas + Ferb	19	Comedy	Monk	28	Mystery	Fraiser	19	Comedy
The Sopranos	14	Drama	House MD	18	Drama	Dr. Phil	19	Reality-Based
Family Guy	12	Comedy	Bones	12	Mystery	Bones	17	Mystery
South Park	12	Comedy	The Sopranos	10	Drama	Scrubs	16	Comedy
						Growing Pains	16	Comedy
						Private Practice	12	Drama

^a Character has an intellectual disability.

Table 3
Study 2 Zero-Order Correlations of Stigma and Perceptions of PCTs, PSHs, and PMIs

Measure	1	2	3	4	5	6
1. Self-stigma	—	-.27**	-.26**	.17**	-.25**	.11
2. Perceptions of PCTs ^a		—	.17**	-.05	.20**	.06
3. Positive perceptions of PSHs			—	-.30**	.70**	-.12*
4. Negative perceptions of PSHs				—	-.15*	.60**
5. Positive perceptions of PMIs					—	-.13*
6. Negative perceptions of PMIs						—

Note. PCT = person conducting therapy; PSH = person seeking help; PMI = person with mental illness.

^a Higher values of perceptions of PCTs indicate more positive ratings as compared with physicians.

* $p < .05$. ** $p < .01$.

positively ($M = 4.00, SD = 1.36, M_{Diff} = -0.54, SD_{Diff} = 1.9, t(316) = -5.01, p < .001, 95\% CI = (-.75, -.32], d = 0.28$). Similarly, participants rated PMIs significantly more negatively ($M = 4.93, SD = 0.98$) than positively ($M = 3.76, SD = 1.13, M_{Diff} = -1.18, SD_{Diff} = 1.59, t(315) = -13.14, p < .001, 95\% CI = (-1.35, -1.00), d = 0.74$). Comparing PSHs with PMIs, participants rated PSHs significantly more positively than PMIs, $M_{Diff} = 0.25, SD_{Diff} = 0.98, t(315) = 4.46, p < .001, 95\% CI = (0.14, 0.35), d = 0.25$, and participants rated PSHs significantly less negatively than PMIs, $M_{Diff} = -0.39, SD_{Diff} = 0.88, t(315) = -7.94, p < .001, 95\% CI = (-0.49, -0.30), d = 0.44$, consistent with the results from Study 1.

Main analysis: Path model of media portrayals, perceptions, and self-stigma. To test the main goal of Study 2 regarding the relations between (1) portrayals of PCTs, PSHs, and PMIs in the media; (2) individuals' actual perceptions of these figures in real life; and (3) subsequent self-stigma toward seeking therapy, we conducted two path analyses using AMOS Version 20. The first was the model that emerged from Study 1 to determine if it would replicate with a second, larger sample (Figure 2). In this sample, the relation between positive perceptions of PMIs and negative perceptions of PSHs was no longer significant. However, when positive perceptions of PMIs were removed, the model showed a good fit to the data, $\chi^2(2, N = 318) = 4.38, p = .11, CFI = .99, IFI = .99, RMSEA = 0.06$ (90% confidence interval = 0.0, 0.14). Therefore, this model was used as the base for the expanded media model investigated later; because positive perceptions of PSHs and PMIs were not included in this model, media variables predicting these are not reported.

The second model was an expanded model that included the additional media variables assessed in Study 2. To determine which media variables would best fit into a final expanded model, predicting self-stigma from media variables by way of (i.e., mediated through) real-life perceptions, a series of inductive steps were taken: (1) zero-order correlations were examined to determine which media variables were associated with the target outcome variable (i.e., perceptions of PCTs, PSHs, and PMIs); (2) if multiple media variables were identified, a stepwise regression was used to make the model as parsimonious as possible, by determining which variables were unique predictors; and (3) a fully expanded model was then created from the variables that remained, building on the model from Study 1. Steps (1) and (2) were conducted separately for movies and TV variables before combining them in Step (3) (see Tables 4–6 for correlation results across movies and TV³).

From this procedure, two movie variables (“Would you seek help from this character?” (PCT) and negative portrayals of PMIs) and three TV perceptions (“Would you seek help from this character? (PCT),” “Is this character in therapy? [PMI],” and “How typical is this character’s problem in general? [PMI]) were found to be unique predictors ($ps < .01$) in the regression analysis and, therefore, added to the path model (Figure 3). In other words, these five significant variables evaluating character portrayals of PCTs, PSHs, and PMIs were included as predictors of percep-

³ Because perceptions of PMIs were significantly correlated with perceptions of PSHs in Study 1, correlations between the variables evaluating PMI characters and perceptions of real-life PSHs were also tested. Negative perceptions of PSHs were correlated with the item asking if the PMI character is receiving therapy, $r = .19, p < .001$.

Table 4
Descriptives Statistics and Zero-Order Correlations for Portrayals of PCTs

Measure	Mean	SD	2	3	4	5	Perceptions of PCTs
Movies							
1. How often is this character on screen? ^a	3.67	.77	.26**	.30**	.14*	.16**	.00
2. Character Portrayal ^b	4.97	.93	—	.70**	.52**	.57**	.13*
3. Do you like this character? ^b	4.71	1.24	—	—	.38**	.46**	.09
4. How realistic is this character? ^b	4.41	1.19	—	—	—	.56**	.12*
5. Would you go to this character for help? ^c	2.47	.72	—	—	—	—	.20**
Television shows							
1. How often is this character on screen? ^a	2.92	.77	.35**	.33**	.33**	.31**	.01
2. Character portrayal ^b	5.20	.92	—	.65**	.60**	.61**	.15*
3. Do you like this character? ^b	4.86	1.20	—	—	.49**	.56**	.06
4. How realistic is this character? ^b	4.44	1.31	—	—	—	.71**	.12*
5. Would you go to this character for help? ^c	2.66	.79	—	—	—	—	.17**

Note. Higher character portrayal scores indicate a more positive impression. PCT = person conducting therapy.

^a Range = 1–5. ^b Range = 1–7. ^c Range = 1–4.

* $p < .05$. ** $p < .01$.

tions of their respective figures in the real life, and these real-life perceptions were expected to predict self-stigma. The model provided a good fit to the data, $\chi^2(17, N = 318) = 28.35, p = .04, CFI = 0.95, IFI = 0.96, RMSEA = 0.05$.

In examining this expanded path model, perceptions of PCTs and negative perceptions of

PSHs predicted self-stigma toward help seeking, $\beta = -.26, p < .001$; $\beta = .16, p < .01$, respectively, and negative perceptions of PMIs predicted negative perceptions of PSHs, $\beta = .59, p < .001$. These results suggest thinking negatively of PMIs leads to thinking negatively of PSHs; negative perceptions of PSHs then

Table 5
Descriptives Statistics and Zero-Order Correlations for Portrayals of PSHs

Measure	Mean	SD	2	3	4	5	6	7	Negative perception of PSHs
Movies									
1. How often is this character on screen? ^a	4.39	0.68	.07	.02	.38**	-.05	-.05	-.08	.02
2. Positive character portrayal ^b	4.40	1.00	—	-.27**	.22**	.13*	.00	-.02	-.11
3. Negative character portrayal ^b	4.21	0.84	—	—	-.10	-.11	.05	-.17**	.11
4. Do you like this character? ^b	5.36	1.19	—	—	—	-.01	-.11	.11	-.01
5. How typical is this character's problem? ^b	3.98	1.39	—	—	—	—	.56**	-.06	-.04
6. How typical is it among those who seek help? ^b	4.11	1.30	—	—	—	—	—	-.09	.05
7. Should this character be in therapy? ^c	1.17	0.32	—	—	—	—	—	—	-.06
Television shows									
1. How often is this character on screen? ^a	4.29	0.58	.10	-.03	.25**	.06	.08	.03	.04
2. Positive character portrayal ^b	5.20	0.95	—	-.19**	.37**	.26**	.19**	-.07	.01
3. Negative character portrayal ^b	3.22	0.88	—	—	-.27**	-.07	.09	-.12*	-.01
4. Do you like this character? ^b	5.79	0.99	—	—	—	.20**	.10	.02	.03
5. How typical is this character's problem? ^b	4.65	1.31	—	—	—	—	.66**	-.17**	.02
6. How typical is it among those who seek help? ^b	4.39	1.32	—	—	—	—	—	-.32**	-.04
7. Should this character be in therapy? ^c	1.35	0.42	—	—	—	—	—	—	.04

Note. PSH = person seeking help.

^a Range = 1–5. ^b Range = 1–7. ^c Coded that 1 = “yes” and 2 = “no”.

* $p < .05$. ** $p < .01$.

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Table 6
Descriptives Statistics and Zero-Order Correlations for Portrayals of PMIs

Measure	Mean	SD	2	3	4	5	6	7	8	Negative perceptions of PMIs
Movies										
1. How often is this character on screen? ^a	4.13	0.92	.26**	.18**	.29**	.03	-.01	-.15*	-.29**	.08
2. Positive character portrayal ^b	4.74	0.96	—	-.18**	.47**	.02	.09	-.16**	-.08	-.09
3. Negative character portrayal ^b	4.33	0.87	—	—	-.07	.01	.12	-.06	-.19**	.23**
4. Do you like this character? ^b	4.82	1.44	—	—	—	.14*	.10	-.13*	-.04	-.08
5. How typical is this character's problem? ^b	3.83	1.52	—	—	—	—	.61**	-.09	.03	.04
6. How typical is it among those who seek help? ^b	4.13	1.49	—	—	—	—	—	-.02	.05	.01
7. Is this character in therapy? ^c	1.41	0.43	—	—	—	—	—	—	.31**	.03
8. Should this character be in therapy? ^c	1.10	0.26	—	—	—	—	—	—	—	-.11
Television shows										
1. How often is this character on screen? ^a	4.19	0.70	.37**	-.06	.33**	.02	-.01	-.08	-.14*	.05
2. Positive character portrayal ^b	5.42	1.03	—	-.31**	.39**	.21**	.14*	-.19**	-.07	.08
3. Negative character portrayal ^b	3.62	0.87	—	—	-.13*	-.09	.03	.01	-.25**	-.02
4. Do you like this character? ^b	5.51	1.27	—	—	—	.14*	.07	-.07	-.24**	.13*
5. How typical is this characters problem? ^b	4.22	1.44	—	—	—	—	.71**	-.16**	-.12*	.21**
6. How typical is it among those who seek help? ^b	4.13	1.42	—	—	—	—	—	-.19**	-.11	.03
7. Is this character in therapy? ^c	1.38	0.42	—	—	—	—	—	—	.32**	.15*
8. Should this character be in therapy? ^c	1.20	0.35	—	—	—	—	—	—	—	.02

Note. PMI = person with mental illness.

^a Range = 1–5. ^b Range = 1–7. ^c Coded that 1 = “yes” and 2 = “no.”

* $p < .05$. ** $p < .01$.

increase self-stigma, whereas positive perceptions of PCTs decrease self-stigma.

Looking at which aspects of media portrayals of such figures influence these perceptions, the measures of willingness to seek help from a specific PCT character in movies, $\beta = .18, p < .01$, and willingness to seek help from a specific PCT character in TV shows, $\beta = .14, p < .05$, both predicted perceptions of PCTs; the more likely one would be to seek help from a psychologist portrayed on screen, the more positive one's perceptions of real-life psychologists are. In addition to perceptions of PMIs in real life, the variable indicating whether PMIs on TV are receiving therapy predicted perceptions of PSHs, $\beta = .11, p < .05$. Because of the coding of this variable, the positive relationship indicates that participants have more negative perceptions of PSHs if characters with mental illness on TV are *not* seeking help. Finally, the

media variables that predicted negative perceptions of PMIs were negative portrayals of PMIs in movies, $\beta = .23, p < .001$, how typical the problem is that the PMI character has in the general population, $\beta = .24, p < .001$, and the indication that the PMI character is in therapy, $\beta = .18, p < .01$. Participants' perceptions of PMIs in real life are more negative if PMI characters are portrayed more negatively, have more typical problems, and are *not* receiving therapy.

General Discussion

Influences on self-stigma. These studies provide information necessary to understand some of the influences that shape self-stigma, defined as negative feelings about oneself if one were to seek help for a mental health problem. The path analyses tested in Study 1 and repli-

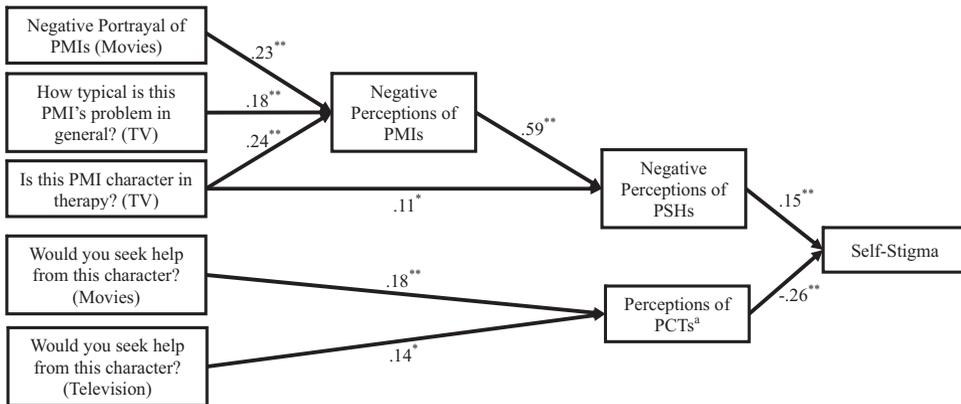


Figure 3. Path analysis of media variables and perceptions of persons conducting therapy, persons seeking help, and persons with a mental illness on self-stigma. Note. ** $p < .01$, * $p < .05$. PCT = person conducting therapy; PSH = person seeking help; PMI = person with mental illness. ^a Higher values of perceptions of PCTs indicate more positive ratings as compared with physicians.

cated in Study 2 indicate that general real-life perceptions of psychologists and PSHs (which are strongly influenced by perceptions of PMIs) are related to self-stigma. The more people view psychologists and PSHs negatively, the more stigma they hold for themselves if they were to seek help. Furthermore, the results suggest that perceptions of PMIs affect self-stigma because they influence perceptions of PSHs, by making them more extreme and negative. This creates a more complex relationship between perceptions of PSHs, PMIs, and self-stigma than originally hypothesized. Simply thinking negatively of PMIs is not sufficient to create self-stigma for help seeking, but thinking negatively of these people can color impressions of those who do seek help. Additionally, it was only the negative perceptions of PSHs that influenced self-stigma; positive perceptions did not decrease self-stigma. The centrality of negative perceptions of PSHs that emerged as a predictor of self-stigma is in line with the domain-specificity quality of the theory of planned behavior (Ajzen & Fishbein, 1980, 2005). The measure of self-stigma assesses negative thoughts toward oneself for help seeking, rather than positive thoughts, so negative perceptions of others would be the most appropriate to predict the internalization of these judgments.

Influences on perceptions. The primary goal of Study 2 was to investigate the role the media could play in the development of percep-

tions of psychologists, PSHs, and PMIs. In general, the results suggest that media portrayals of psychologists and PMIs have the greatest influence on the perceptions of PCTs, PMIs, and PSHs in real life. For both movies and TV, perceptions of psychologists were significantly predicted by the participants' indication of whether they would seek help from a psychologist character. The more likely participants would be to seek help from a given character, the more positive was their perception of psychologists in general, which in turn led to less self-stigma for seeking help. This is consistent with previous findings that perceptions of health professionals can be influenced by media portrayals (Chory-Assad & Tamborini, 2003; Pfau et al., 1995). Obviously, many factors go into creating a psychologist character that a viewer would be willing to seek help from. The two additional variables identified in the current study that were correlated with real-life perceptions of psychologists were how realistic the character seemed and the overall positivity of the character (measured with adjectives such as "experienced," "friendly," and "trustworthy"). Although they did not directly influence perceptions of real-life psychologists, they would logically influence the participants' decision to indicate if they would seek help from this character or not. Psychologist characters in the media can be likable for a variety of reasons (e.g., physical appearance, comedic relief), but not all of these would

lead viewers to want to seek help from them. An incompetent or unethical psychologist can make for good entertainment. Nevertheless, the results of this study suggest it is those features leading a viewer to be willing to seek help from the character that would ultimately lower self-stigma.

The other primary perception that was found to influence self-stigma was negative perceptions of PSHs in real life. Interestingly, none of the media variables related to characters seeking help were correlated with perceptions of PSHs. Instead, exposure to TV shows depicting characters with a mental illness who are not in therapy was related to real-life perceptions of PSHs. This relation was partially mediated by real-life perceptions of PMIs. Before drawing conclusions about these relations, more research is certainly needed to better understand these character portrayals. In particular, two things ought to be considered: (1) why these characters are depicted as not seeking help and (2) the overlap between those PMI characters who are viewed negatively and those PMI characters who are not in therapy. Given the limited and aggregate nature of the data in the current study, these questions cannot be answered. There may be a sense that watching someone with a mental illness on TV, who is not in therapy, be successful in life suggests weakness in those people who are in therapy. Simultaneously, the negative perceptions of PMIs simply carry over into perceptions of those who seek therapy because they are assumed to have a mental illness.

Because perceptions of PMIs in real life are strongly related to perceptions of PSHs, understanding those variables that influence perceptions of PMIs is also important. Participants who are exposed to TV characters who are not in therapy and judge TV characters to have relatively typical mental illness problems held more negative perceptions of real-life PMIs. Additionally, participants who rated movie characters with a mental illness negatively also held negative perceptions of real-life PMIs. Again, further research is needed to better understand these portrayals (e.g., why the character is not in therapy, or which mental illnesses are judged as typical to the general population) as well as understanding the additive or interactive nature of these influences. People may perceive those with a mental illness negatively because (a) they have a severe problem but are not seeking the help they need, (b) have a typ-

ical problem they ought to work out on their own, or (c) some other combination of story-related variables. It is also of note that, unlike portrayals of psychologists, different movie-related and TV-related variables influence these perceptions. Further examination of the differences in movie and TV portrayals of these figures is necessary.

Limitations and future research. Although these studies add to our understanding of the development of self-stigma, future research is needed to address some of the limitations. First, the sample measured in these studies was exclusively college students at a large Midwestern university. The population of concern, with regard to the barriers to seeking mental health services, is clearly larger than this sample can speak to; however, the use of college students can provide useful insight into the basic processes of how these attitudes are developed. Furthermore, college students are not exempt from needing and seeking (or not seeking) psychological services. College is generally a stressful life period, and college students are experiencing more psychological, academic, and career-related concerns than in the past (Benton, Robertson, Tseng, Newton, & Benton, 2003). Levine and Cureton (1998) have reported that today's generation of college students enter college feeling "overwhelmed and more damaged than in previous years" (p. 7) and possess fewer social supports than in the past. Benton and colleagues (2003) have also reported increases in college students' concerns about loneliness, depression, and other interpersonal concerns. Furthermore, within a given year, only 2% of those struggling with problems that do not meet diagnosable criteria seek therapy (Andrews et al., 2001). Future research in this area would benefit from samples from a larger population to enhance generalizability.

Second, clarifying and elaborating on the characteristics that are important in the perceptions of psychologists, PSHs, and PMIs is needed. Although previous research has evaluated the perceptions of professionals and practitioners (Chory-Assad & Tamborini, 2001, 2003; Pfau et al., 1995), there is not a comparison for the characteristics important to perceptions of PSHs and PMIs. More, or different, characteristics may provide a more robust measure of perceptions of these figures. Similarly, for future research looking at PMIs, it is important to

note that many participants appeared unaware of the difference between PMIs and those having an intellectual disability. Despite the list of titles provided to participants with examples of mentally ill characters, many still spontaneously indicated Raymond Babbitt, an autistic character from *Rain Man*, and Sam Dawson, a man with a developmental disability from *I Am Sam*, as characters suffering from mental illness. This distinction may or may not have important implications in stigma and intention-seeking behavior, but future research should be conducted to determine if it does.

Third, we selected the movie and TV show titles from a list generated during a pilot study. Our intention for Study 2 was to include a list of titles depicting mental health issues that participants would be knowledgeable of and able to answer questions about. These titles were neither randomly sampled nor content analyzed for the type of portrayal, aside from the aforementioned determination of characters with a mental illness or an intellectual disability. As the results from this study indicate that portrayals of characters can influence perceptions of their real-life counterparts, a content analysis of these characters and other features of the narratives they are a part of is necessary to not only determine which features directly influence perceptions but also how the features interact. For example, willingness to seek help from the character is clearly important for narratives with a psychologist, but what causes a viewer to feel this character is someone they would or would not want to seek help from in the first place?

The goal of the current study was to establish if the media serves as a potential source of information that shapes real-life perceptions of psychologists, persons seeking therapy, and PMIs. Because the results support the hypotheses—that these variables are related—future research is needed to not only better understand the key characteristics that shape one's perceptions of these figures and the key features of the media that influence one's perceptions, but also to enhance the external validity of these findings. The investigation into specific media moderators (e.g., if findings differ when exploring nonfictional or expository media) and specific audience moderators (e.g., if findings differ based on individual differences related to media involvement, such as suggestibility) will be able

to address how far these initial findings can extend into the larger population.

Implications and Conclusions

The results from the current study have provided information and insight in the sources that shape people's self-stigmata of seeking help. Perceptions of persons with mental illness, persons who seek help, and psychologists themselves all play a role in the development of self-stigma, directly or indirectly. Furthermore, the media are a powerful source shaping these perceptions. Given the strong relation between stigma and help-seeking behavior as established by previous research (Vogel et al., 2006, 2007), delineating the forces that shape stigma is imperative to understanding a major roadblock to seeking help. With further knowledge of these factors and the power of the media, it may be possible to develop interventions that increase the perceptions of psychologists, PSHs, and PMIs so that stigma loses its ability to inhibit help seeking.

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