Background

- Social distance measures how willing one is to associate with an individual (Link et al., 1987).
- Research shows high levels of social distance towards depressed individuals and that exposure to mental illness can mitigate social distance (Amarasuriya et al., 2015).
- Although antidepressants are common (Pratt et al., 2011), social distance research has not been extended to antidepressants.

Research Questions

- Is social distance associated with an individual's depression diagnosis and/or antidepressants treatment regimen?
- Does previous exposure to mental illness predict social distance towards individuals who are depressed or depressed and taking antidepressants?

Method

- This research (Study Number: STUDY00003332) was approved by the Pennsylvania State University Institutional Review Board.
- 425 undergraduate students, on average 19 years of age (SD=2.91), and 78% Caucasian, were recruited from undergraduate psychology classes.
- Participants were randomly assigned to read one of three vignettes:
  I. Control – The participant meets an acquaintance, Sam, and discovers they share similar hobbies.
  II. Diagnosed – The participant meets an acquaintance, Sam, and discovers they share similar hobbies. Sam discloses a depression diagnosis.
  III. Diagnosed with Medication – The participant meets an acquaintance, Sam, and discovers they share similar hobbies. Sam discloses a depression diagnosis and antidepressant prescription.
- Participants completed the Social Distance Scale (Link et al., 1987) specific to Sam.
- Higher scores indicate less willingness to associate with Sam.
- Participants reported their previous exposure to mental illness.
- Five categories – Personal, family, friends, significant others, coworkers and classmates.
- Scores ranged from 0 (no exposure) to 5 (exposure in all categories).

Results

- Participants reported significantly more social distance ($F_{12,412} = 5.60, p = .004$) towards Sam in the control condition, $M = 16.24, SD = 3.24$, than in the experimental conditions, diagnosed, $M = 15.25, SD = 3.20$, diagnosed with medication, $M = 14.98, SD = 3.30$ (Figure 1).
- Greater social distance was associated with greater mental illness exposure, $r = -.33, p < .001$, being older, $r = .15, p = .009$, and being female, $r = .23, p < .001$ (see Table 1).
- Prior exposure to mental illness was shown to account for 10% of the variance in social distance scores, $F_{1,229} = 8.52, p < .001$ (see Table 2).

Discussion

- These results show that greater social distance may not be associated with depression diagnosis or antidepressant medication.
- Greater social distance may instead be the result of little exposure to mental illness, supporting findings that mental illness exposure reduces social distance (Amarasuriya et al., 2015).
- Highlights exposure to mental illness as an intervention to reduce stigmatizing attitudes towards individuals with depression.

Limitations:

- This study was conducted with a relatively homogeneous sample.
- The vignette portrayed someone distant from the participant.

Future Research:

- Utilize representative sample to identify any cohort or ethnic effects.
- Portray a person close to the participant (parent or sibling) since participant’s attitudes may vary by familiarity to an individual.

References