COLLEGE STUDENT STIGMA OF MENTAL ILLNESS: THE CONTACT HYPOTHESIS

by

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Abstract

Twenty-first century college students in the United States are reporting dramatic increases in stress, anxiety, and depression (Iarovici, 2014). The onset of mental disorders occurs before the age of 24, and college students are vulnerable to this phenomenon (Kessler, Demler, Frank, Olfson, Pincus, Walters, Wang, & Zaslavsky, 2005). While they are a particular segment of society that is susceptible to mental health disorders, they are also an age group that seems to be adverse to seeking professional help (Reichert, 2012). Help-seeking behaviors strongly correlate to the stigma that college students associate with mental illness (Eisenberg, Downs, Golberstein & Zivin, 2009). Empirical studies of college student surveys reveal that these same students’ apprehension towards disclosing mental health disorders are due to personal stigma or their perceptions of public stigma from outside cultural influences (Eisenberg et al., 2009). Contact hypothesis researchers, Corrigan, Morris, Michaels, Rafacz, and Rusch (2012) found that people who denounce mental illness begin to change their discriminatory beliefs of the mentally ill after having personal interaction with them. Particularly relevant to this contact theory stigma research, Pescosolido, Martin, Lang, and Olafsdottir (2008) posit that the Framework for Integrating Normative Influences on Stigma (FINIS) defines mental illness stigma as caused by complex normative influences at three societal levels – the micro, macro, and meso levels. Embedded in the meso level are social network characteristics that perpetuate stigma. This dissertation study posited that the meso level could also provide intergroup contact that would mitigate mental illness stigma. One such anti-stigma
contact program, sponsored by the National Alliance on Mental Illness (NAMI, 2012), is “In Our Own Voice” (IOOV). IOOV features trained speakers sharing their life stories with mental illness to IOOV audiences (Rusch, Kanter, Angelone & Ridley, 2008). This research study proposed that college students’ direct contact experiences before and after the IOOV presentation would change their stigmatizing attitudes. These college students’ interviews and focus group text and talk before and after the IOOV experience, described today’s society as associating the mentally ill with stereotypes of instability, sociopathic behaviors, and violence. Critical Discourse Analysis (CDA) (Lakoff & Johnson, 1980) and Critical Metaphor Theory (CMT) (Gibbs, 2008) decoded the deep meaning of these college students’ deeply emotional responses before IOOV, and their notable attitudinal shifts after IOOV. The positive outcomes of the IOOV student experience might influence college and university administrators to bring IOOV to their students as one approach towards creating a stigma-free campus climate.
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CHAPTER 1

INTRODUCTION

“Record Levels of Stress in College Freshmen,” trumpeted a headline in the New York Times (Lewin, 2011, p.1). “This is not just “stress” – depression, anxiety, substance abuse, eating disorders, and other psychiatric issues seem to be on the rise” (Iarovici, 2014, p. 3). Iarovici (2014) further reports that starting in 2000, college students were describing the most significant decline in emotional health in 25 years. In 2009, over 200,000 freshman students at American colleges and universities completed an online set of questions from The American Freshman: National Norms Fall 2010 (Iarovici, 2014). Participants who recorded their mental health in 2009 rated themselves as “above average.” However, in 2010 their self-reported ratings dropped 3.4 percentage points – from 55.3% to 51.9%. Similarly, the number of students who told of being frequently overwhelmed increased two percentage points from 2009, moving from 27.1% to 29.1% (Iarovici, 2014). The survey concluded that students’ emotional health had been trending downward, and that students continued to name the increased pressures of academic performance and personal achievement (Iarovici, 2014).

The onset of mental illnesses is prevalent between the ages of 14 - 24 (Reichert, 2012). Mental health disorders disrupt college students’ peer interactions, academic performance, and sense of well-being. “While the college student population may be the most likely to need help, they may also be the least likely to seek it” (Reichert, 2012, p. 892). College students prefer to self-medicate with alcohol or drugs thereby exacerbating the problem.
College students’ connections of mental illness to stereotypes and prejudicial attitudes may be keeping them from utilizing campus counseling centers (Eisenberg et al., 2009). Boardman, Griffiths, Kakanovic, Potiriadis, Dowrick, and Gunn (2011) suggest that college students may not be aware that the stigma of mental illness is clouding their decision-making process in seeking professional mental health care. Alerting college students to the stigma associated with mental illness is important then, as they may benefit from information regarding stigmatizing effects not only in their own lives, but those of their peers.

The Contact Hypothesis

It is tremendously challenging to change peoples’ perceptions about the mentally ill. Traditionally, approaches have been categorized by social-psychological researchers in three ways – education, protest, and contact (Corrigan, Morris, Michaels, Rafacz, & Rusch, 2012). Educational approaches to stigma are designed to reframe stereotypes and provide accurate information about mental illness. These include mental health classes, mental health texts, internet videos, internet questionnaires, flyers, and pamphlets. Social activism and group protest are also forms of stigma reduction by which individuals coalesce to denounce those who attest to certain forms of stereotypes and discrimination (Corrigan et al., 2012). The third strategy, Allport’s (1954) “contact hypothesis,” states that personal intergroup contact with individuals in the stigmatized group reduces discriminatory thinking (Corrigan & Penn, 1999). Persons who interact with someone who is mentally ill, may be influenced to believe that negative labels associated with mentally illness, such as violence, are ill founded. They may begin to see that those with a mental illness are competent, have goals, and a positive outlook on their futures (Corrigan et al., 2012).
Historically, researchers have attested that there are certain factors that appear to strengthen the contact hypothesis outcomes. For example, Allport (1954) found that the contact hypothesis is the most effective if group members have common goals, friendships that are unfolding, and contact with persons who do not manifest familiar stereotypes (Corrigan et al., 2012). Additional research efforts helped to discover the affective components such as empathy, compassion, and a lessening of feelings of fear and apprehension between and amongst the members of the individual groups, to be the most crucial elements for positive results in contact theory research (Pettigrew, Tropp, Wagner, & Christ, 2011).

Although the contact hypothesis has been a prominent research topic for over 50 years, researchers remain puzzled by the human interaction process and exactly how it works to mitigate stigmatizing effects. More recent studies have shown that it is the qualifiers involved in the one-on-one contact or group experience that produce the most measurable effects. However, what are the seemingly undefinable mechanisms involved in the “contact hypothesis” that remain so elusive (Corrigan and Penn, 1999). This study will shed light on the actual dynamic by which humans connect with each other to dispel stereotypes and negative attitudes, particularly towards those with a mental illness.

**In Our Own Voice (IOOV)**

Mental illness stigma triggers low self-esteem and increased oppression on stigmatized populations. The United States Surgeon General has named the stigma of mental disorders as a chief concern and has supported government initiatives and policies designed to defeat discrimination towards the mentally ill (Rusch, Kanter, Angelone, & Ridley, 2008). In response to these measures, the U.S. Government and prominent advocacy groups have developed successful anti-stigma programming across the United
States (e.g., Depression and Bipolar Support Alliance, Substance Abuse, and the Mental Health Services Administration). The National Alliance on Mental Illness (NAMI), prepares speakers who appear before college students, administrators, and business employees, who tell powerful stories of their living with a mental illness. Known as “In Our Own Voice” (IOOV), this project has gained college student recognition for directly addressing and reducing the apprehension of mental illness stereotypes that many members of society hold. Over 100,000 United States citizens, and college and university students have found that inspirational IOOV spokespersons who outwardly discuss fear and shame associated with, for example, stress, anxiety, and bipolar depression, greatly influence them to alter their stigmatizing impressions of the mentally ill (Rusch et al., 2008).

**Purpose of the Study**

The primary reason for conducting this research project is to provide a better understanding of the college student stigma of mental illness, and how the “contact hypothesis” may work to dispel this impediment that affect students getting professional help. It will attempt to answer why reducing stigma through human contact is vital to the unique community of college-aged young adults. This study will investigate the In Our Own Voice (IOOV) program to determine the impact of “in vivo” contact of college students, before and after IOOV presentations.

This research study will also introduce a conceptual/theoretical framework which addresses the stigma of mental illness and intergroup contact theory. The Framework Integrating Normative Influences on Stigma (FINIS), names cultural norms operating at complex societal levels as generating mental illness stigma. The three levels, the micro, macro, and meso each contain individual elements that influence stigma. Embedded
in the meso level is the social interaction network, which involves the processing of intergroup contact and the power of the contact hypothesis as generating/reducing stigma (Pescosolido, Martin, Lang & Olafsdottir, 2008).

**Significance of the Study**

There is a distinct lack of sophisticated qualitative research design on the contact hypothesis (Pettigrew & Tropp, 2006). Meta-analyses continue to rely on responses that are founded in subjective attitude inventories or self-reporting (Pettigrew et al., 2011). Instead of more longitudinal studies using similar instruments to track the interworking of the contact hypothesis, why not look to cognitive linguistics, to human language, for the deeper meaning of contact research participants’ answers that are “grossly insufficient (Pettigrew & Tropp, 2006). Lakoff and Johnson (1980) wrote decades ago, that if you want to know what someone is thinking, listen to what they are saying.

This dissertation study puts forth Critical Discourse Analysis (CDA) as a critical theory research method and linguistic tool that may offer an innovative approach to an examination of the interworking of the contact hypothesis (Maalej, 2004). CDA is primarily concerned with analyzing text and talk that detects subtle or hidden verbal references that speak to discrimination, dominance, and social inequities (Lakoff and Johnson, 1980). Critical Discourse Analysis (CDA) will be specifically employed in this study to determine the deep meaning of power and oppression in the mental illness lexicon. One-on-one interviews of college students and a focus group will be conducted before and after an IOOV presentation to determine the effects of intergroup contact between the students and IOOV members in reducing the stigma of mental illness.

CDA will be the tool employed to try to decode students’ linguistic expressions as they relate to students’ stigmatizing vocabularies and the gradual linguistic shift
found in students who experienced a reduction of mental illness stigma during the IOOV experience. CDA is an innovative method in qualitative research that might be particularly adept at decoding the dramatic effects of contact theory. If the elusive nature of the contact hypothesis dynamic is discovered, this research study might shed light on college student mental illness discrimination and the power of the IOOV experiment to alter those belief systems. That will lead to increasing help-seeking behaviors of college students experiencing mental illness symptoms.

It will also challenge the FINIS framework which purports that stigma primarily created the normative influences from the macro level. As a foreshadowing, this study may deny the FINIS researchers their theorem. The questions that guide this study are the following: (1) What are the preconceived notions of college student stigma of mental illness before the IOOV presentation? (2) What are the attitudinal shifts toward college student stigma of mental illness after the IOOV presentation?

**Organization of the Study**

Chapter 1 serves as an introduction to key aspects of the topic – college student stigma of mental illness. Chapter 2 presents the literature review of empirical studies of college student surveys’ responses to mental health campus climate, and a conceptual/theoretical framework introducing normative influences on stigma. Chapter 3 puts forward a methodological approach – Critical Discourse Analysis, and its significance, along with the study’s context and participants’ profiles. Chapter 4 analyzes the key findings of student IOOV interviews talk and text. Chapter 5 advances a discussion of these findings, patterns of discourse, policy and practice inferences, and considerations for investigations of scholarly significance. Key terms are:

Critical Discourse Analysis (CDA)
Critical Metaphor Theory (CMT)
Emotion Metaphor Concepts (EMC)
Framework Integrating Normative Influences on Stigma (FINIS)
In Our Own Voice (IOOV)
National Alliance on Mental Illness (NAMI)
CHAPTER 2

LITERATURE REVIEW

Researchers have named college students’ stigmatizing attitudes as the chief impediment for their seeking professional help for symptoms of a mental disorder (Eisenberg, Downs, Golberstein & Zivin, 2009). College students are often concerned that they will be stereotyped if they utilize campus counseling centers to gain professional help for mental disorder symptoms. College students are also anxious about revealing this information to peers as they might be viewed as unstable or incompetent (Gruttadero & Crudo, 2012). Eisenberg, Golberstein and Gollust (2007) reported that college campuses are communities distinct from the general population and may offer unique opportunities for investigating college students’ discriminatory attitudes. College students would benefit greatly by understanding that discriminating against the mentally ill, is a matter of denying them their dignity and basic human rights.

This literature review will present empirical studies of college students’ surveys which reveal why these students have concerns about disclosing mental health disorder symptoms (Eisenberg et al., 2009). Pettigrew and Tropp (2006) address the cultural mark of stigma toward the mentally ill sector of society, and set forth to find answers to resolve this scourge. These can be possible applications to the college and university student demographic. The one-on-one and intergroup contact aspect of In Our Own Voice (IOOV), could provide a powerful model for further project designs (Rusch, Kanter, Angelone, & Ridley, 2008) and will be analyzed and discussed. All future references to the FINIS model are represented in the adaptation model – Social Stigmatization
Theoretical Framework (Appendix). A conceptual/theoretical framework proposed by Pescosolido, Martin, Lang, and Olafsdottir (2008), Framework for Integrating Normative Influences on Stigma (FINIS), will define stigma as a societal phenomenon and call upon researchers to understand that mental illness stigma comes from “culturally normative expectations that define what is “different” (Pescosolido et al., 2008). Finally, FINIS presents the role of the contact hypothesis as it relates to stigma and the role it plays in the FINIS framework.

Empirical Studies

College Student Surveys

College student surveys reveal students’ preconceived notions about mental illness and social distancing from peers who may be reporting mental illness symptoms (Rusch et al., 2008). In one of the first college student mental health surveys, longitudinal data was used to measure how college students were influenced by mental illness stigma generated from the general public. The study posited that perceived public stigma caused college students to avoid campus mental health services (Golberstein, Eisenberg, & Gollust, 2008). They conducted two rounds of web-based surveys to determine how students respond to societal stigma of mental illness. In October 2005, 2,782 students participated by responding to questions of mental illness stigma at a rate of 5.4%. In October 2007, these survey experts asked the participants to take the survey again. Researchers first asked the students if they perceived themselves as needing help with mental health issues. Golberstein et al. (2008) needed additional data about how these young adults might have sought professional assistance. The survey questions also asked students if they perceived the public stigma of mental illness as a hindrance to
their getting professional help with disorder symptoms. Survey responses concluded that students did not believe that societal stigma would deter them in, for example, crossing their campus to go to the mental health counseling center. However, Golberstein et al. (2008) pointed out that this was not an implication to abandon college stigma reducing activities. They stated, in fact, other facets of stigmatization needed additional longitudinal research about other stigma factors leading to negative consequences.

Golberstein et al. (2008) also conducted a Midwestern university research study of 682 students and found that those who had a history of using counseling services were not associated with cultural stigmatizing. Yet, the same student participants named their own personal views and labeling of their peers as the primary concerns for students not considering seeking professional campus counseling services. Additional findings revealed young women viewing themselves as having a greater number of benefits in seeking campus counseling, and held more open views and less stereotypical attitudes than their male counterparts. Golberstein et al. (2008) reported that the results also indicated students of different ages named barriers to help seeking in different ways. First and second year students tended to exhibit a greater number of impediments to their seeking professional help for disorder symptoms. In contrast upperclassman and graduate students responded by stating that they had overcome many stigmatizing behaviors. It could be speculated that maturity and two years of navigating college experiences yields a higher outcome of positive behaviors towards seeking mental health counseling and college health support services. It would appear then, that providing mental health programming for freshman and sophomore students might preempt anxiety-producing life transitions and academic stress. Teachers and administrators might articulate the benefits of college counseling services for the freshman and sophomore population.

Why does stigma of mental illness keep college students from getting medical assistance for their mental disorder symptoms? Eisenberg et al. (2009) were among
the first college researchers to use an online survey of the students entering the school year at the beginning of Fall, 2009. They conducted an empirical study of over 5000 students. Thirteen schools participated, and all colleges and universities in the U.S. were demographically represented. Eisenberg et al. (2009) wanted to measure perceived mental health stigma as opposed to personal mental health stigma to determine which had the greater effect on students reporting their mental health disorders. These researchers name perceived mental health stigma as occurring when students believe that “most people” have discriminatory attitudes towards those with a mental illness.

Personal stigma occurs when a student’s own beliefs about themselves having a mental illness keeps them from getting professional medical help. The results indicated that perceived stigma was found to be significantly higher in preventing students from getting help (Eisenberg et al., 2009). But also noted, were the results of personal stigma as a barrier to students looking for professional counseling. Personal stigma, or one’s own personal views of themselves or others with a mental illness, was the most significantly negative measure for seeking professional help. Personal characteristics were also closely associated with students not looking for medical or professional help: being male, being an international student, being religious, or having low socioeconomic status (Eisenberg et al., 2009). The research team analyzed the results and declared the most important finding was the apparent need to customize and tailor anti-stigma campus programming to specific populations – male students, international students, students with religious affiliations, less affluent students, and students from cultural backgrounds that traditionally did not discuss issues of mental health mental or the disease of mental illness.

The National Alliance on Mental Illness (NAMI), surveyed college students who themselves, had a mental illness, to record what their lives were like on the campus (Gruttadero & Crudo, 2012). NAMI created the survey to record students’ own voices
about whether or not college campuses had relevant programming to meet their academic needs, and to hear directly from these students about how colleges and universities could improve their efforts to serve every aspect of student life. The survey focused on services that college students referred to as necessary to support their academic efforts. Students reported that many of their friends left their respective campuses because they could not find either the counseling or faculty advice that they needed to maintain a successful student life experience (Gruttadero & Crudo, 2012). By comparison, these young adults’ key indicator for remaining at the University was medical support systems and quality health services. Highly respected counselors or medical personnel were named as major components. This student-University relationship seemed to dispel some stereotypes of the kind of student who would or would not be inclined to find help in a counseling center located on the college campus itself. In their concluding comments they related situations where bias and discrimination of mental illness kept students away from psychological care and campus doctors and psychiatrists.

765 survey responses from this survey were received between August and November of 2011. Deciding whether to disclose or not to disclose mental illness symptoms is a great concern for college and university students. Students reported a 50/50 willingness to disclose a mental illness (Gruttadero & Crudo, 2012). When students were asked why they may or may not disclose mental disorder symptoms they were clear about the reasons why they would or would not choose to do so.

According to this survey, the main reasons why students choose to disclose include: to obtain dormitory rooms, or other campus housing, to obtain professional counseling services and immediate campus support, to demonstrate to other students that they understand the importance of efforts to reduce stigma, to provide information to peers and faculty about mental health, to offset negative sanctions, and to be certain that student loans would not be revoked (Gruttadero & Crudo, 2012). Five significant reasons
why students do not disclose are: being afraid that disclosing will impact the opinions of other students, distress over faculty members who may find out, believing that there is no trustworthy individual to disclose to, choosing to think that their illness symptoms might affect academic performance, and not trusting that their medical records will remain confidential. One survey respondent stated, “I was concerned that the information would become part of a permanent record that could be viewed negatively.” “I still feel that there is a lot of stigma and benefits of disclosing that do not outweigh the risks” (Gruttadero & Crudo, 2012).

Students took this opportunity to give advice to university personnel. They listed the following as positive efforts that colleges or universities might make. For example, students expressed the need to be involved in college and university stigma-reduction programming. They made it clear that they wanted to be “voices” in university policy making. For example, they stated the need for students to be protected by school privacy rights and named the trust they would require in knowing that all mental health issues remain completely confidential. They called for the whole campus community to engage in a campaign to eliminate stereotypes and grossly inaccurate conceptions of the mentally ill. They stated that antiquated belief systems were the greatest impediments for students to share their concerns about their own symptoms of mental health disorders. Finally, the students asked that college administrators provide resources to reveal the pros and cons of student disclosure so that college young adults can make informed decisions about disclosing (Gruttadero & Crudo, 2012).

The most current study, Kosyluk et al. (2016), estimates college students suffering a mental illness as most likely suffering from depression at 17.3%, panic disorders at 4.1%, and anxiety at 7%. Once again, researchers described mental illness stigma as two separate components. One is known as perceived public stigma while the second type is noted as personal stigma. Perceived public stigma affects college students’
help seeking behaviors if they believe that cultural norms in the general public will view someone with a mental illness as unstable or dangerous. Personal stigma relates to college students’ personal views of others with a mental illness. A third component, and not recently researched, is college student self-stigma that involves students viewing themselves with a mental illness as less than capable (Kosyluk et al., 2016). College student mental health literature continues to debate which of the types of stigma is more prevalent.

Contact theorists must heed these other research studies that challenge the seemingly unilateral positive effects of human contact in dispelling stigma and discrimination. Kosyluk et al. (2016) proposed to investigate the power of human contact interventions to reduce stigma in comparison to education-based programming. This study would not only measure college student stigma of mental illness, but also would evaluate the interventions that would invoke “affirming attitudes,” and treatment seeking among this college student population. 198 students participated in these surveys either on laptops, smart phones, or tablet by means of an online instrument. This Qualtrics model was used to eliminate concerns about researcher bias in the data collecting process. The contact-based presentation featured a trained presenter with a mental illness telling his or her life story and sharing the experiences of mental illness symptoms, challenges, recovery, and success. By contrast, the education-based intervention was a PowerPoint presentation made by a graduate student that defined, contrasted, or gave information on myths and facts, and other statistics specific to college students who were stigmatizers. The results of the study were completed by the two trial interactions. The researchers concluded that contact and education-based programming displayed significant impact on college student stigma, college students’ perceptions of power, their stereotypical views of others with mental disorders, and people who viewed the mentally ill in both confirming or disconfirming ways (Kosyluk et al., 2016). Most importantly, the
researchers concluded that education and contact were equally effective. The study was one of the first and most recent attempts to significantly alter the debate on the effects of human contact interactions named “in vivo” as opposed to colleges and universities relying on increased educational information, written materials, and mental health classroom lectures to mitigate the stigma of mental illness on college campuses today. The findings of this study suggest that both approaches merit consideration of university administrators in their decisions to choose ways in which to destigmatize mental illness in the university culture. Kosyluk et al. (2016) were confronting historical notions of “in vivo” contact as singularly the most effective way to eradicate stigma of the mentally ill. It was concluded that both approaches merit consideration for college personnel trying to rid their campuses of old attitudes and unacceptable activities towards those with mental illness.

When looking at this data in its totality, it was found that college students described the power of human contact as being the strongest influence in fighting mental illness stigma. These surveyed college-aged young men and women told of how encountering a peer who self-admittedly had a mental disorder was undoubtedly a powerful experience. Looking at the overall effect of human contact research, college students recorded that their impressions of the mentally ill as being maniacal or deranged were dramatically altered. These students’ revelations coincide with the history of the healing powers of human contact as first traced in the early 1950’s (Allport, 1954). The following section reviews the contact hypothesis in detail, and gives many examples as to the contact hypothesis’ proven positive effects and long-term success.

**The Contact Hypothesis**

Allport (1954) was one of the first researchers to realize that he might be making progress in reducing discrimination between groups, by having the members coming
into direct contact with each other. In Allport’s (1954) original writings, he describes his theory about how prejudicial attitudes might be reduced if persons in opposing groups could experience each other’s positive attributions and attitudes. He named his work the “contact hypothesis.” He posited that to produce maximum reduction of bias and discriminatory notions, there would need to be “equal status of the group,” “common goals,” and “a sense of cooperation and support from those researching the phenomenon.”

Previously, but not frequently reported on, the Social Science Research Council had brought in an eminent sociologist, Robin Williams (1947) to generate information about formulating intergroup contact theory. He also stressed the notion that many variables influence intergroup contact effects. Confident about Allport’s (1954) famous studies and Robins’ (1947) original queries, researchers set forth to study this complex and confounding phenomenon.

The past 50 years of contact theory research has witnessed great debate about the success of contact outcomes to reduce bias and discrimination (Pettigrew & Tropp, 2006). Critics have remarked about lack of sophistication surrounding the context of the settings and characteristics of group members as producing overrated success (Pettigrew et al., 2011). The following two empirical research studies present meta-analyses of the effects of intergroup contact theory, primarily in research of racial bias, but also successful effects of the intergroup dynamic as it relates to sub-groups of ethnic targeting, disability, and the stigma of mental illness. One might conclude that internal conflict, vigorous debate, criticism of simplicity of methods, and lack of qualitative evidence more than likely spurred these contact theory researchers to conduct seminal national and international broad-based experiments.
Meta-Analysis of Intergroup Contact

Pettigrew and Tropp (2006) conducted the first major meta-analysis to test intergroup contact theory. These researchers wished to correct former weaknesses of methodology, and to target the most effective mediators for contact success. This analysis covered 515 studies involving 250,000 participants from 38 different countries. Methods named independent variables as inclusion criteria, locating other relevant studies, analysis of size affects, and sample ratings as key to accurate outcomes. Pettigrew and Tropp (2006) found that 94% of those originally coming into contact scenarios with negative feelings did not change their thinking. That meant that entering a contact group required a positive outlook from group members. These researchers concluded that if there was mutually agreed upon civility, the greater the level of positive contact there would be. Even in groups with greatly differing opinions, and increased direct contact, group members were less likely to associate prejudice following a contact experience.

This meta-analysis also revealed additional and highly relevant dependent variables as accounting for contact theory successful outcomes. Pettigrew and Tropp (2006) found dependent variables that superseded discrimination and are related to intergroup contact success. These included intergroup anxiety reduction, threat reduction, intergroup empathy perspective, trust, and forgiveness amongst group members. Therefore, early contact hypothesis research had been primarily dependent on cognitive associations amongst group members. By comparison, this meta-analysis revealed some of the first complex variables associated with affective domains (Pettigrew and Tropp, 2006). However, the most significant outcome of this study was that intergroup contact’s successful efforts could be transferred to “out groups” such as homosexual identities, the disabled, and the mentally ill. The research study named one outcome called “mere
exposure” and affect as having the greatest measures of help to those researching new and innovative factors.

Pettigrew and Tropp’s (2006) meta-analysis revealed that more interdisciplinary approaches to contact research might widen the scope of dependent variables as considerations for increased successful contact experiences. Implications for achieving equal group access to all aspects of human living conditions, education, jobs, housing, and health care are global considerations. Intergroup contact is a structural remedy designed to obtain equality in multigroup societies and transfers the positive effects of desegregated schooling, affirmative action, and promoting diverse cultures in the United States (Pettigrew et al., 2011).

However, Hewstone and Swart (2011) did offer criticism to this meta-analysis. They challenged that disadvantaged people respond to contact scenarios differently than people from life situations granting more privileges. Those groups of lesser means often participate in intergroup contact scenarios expecting discrimination from the dominant groups. Additionally, Pettigrew and Tropp’s (2006) study is cross-sectional and that more work is needed in experimental and longitudinal methodologies.

**Meta-analysis of the Contact Hypothesis and the Public Stigma of Mental Illness**

According to Corrigan and Penn (1999) there are three ways to reduce stigma against the mentally ill. They posited that education offered multiple opportunities for changing myths and inaccuracies about mental illness. By offering public service announcements, student textbooks, movies, Internet videos, virtual reality clips and other audiovisual aids, these proved to be excellent supplemental resources targeting mental illness stigma. Secondly, they suggested that activists’ protests can be very successful as groups of people marching in solidarity do have a psychological and visual impact on those observing. Corrigan and Penn (1999) continued to maintain that two or more
groups with opposing views and ideologies, who come into contact with and continue to have experiences with, are the most powerful and effective ways to reduce discrimination and stigma (Corrigan, 2005).

More recently, however, Corrigan, Morris, Michaels, Rafacz and Rusch (2012) designed meta-analyses of other researchers’ conclusions about discrimination towards those with mental illness. They advanced the work of Pettigrew and Tropp (2006) who had identified both affective and cognitive models of stigma reduction such as attitudes and behavioral intentions. They hypothesized that contact strategies would be significantly more powerful than educational or social activist efforts. These researchers were able to secure 38,364 people who chose to be part of the study. Fourteen different countries were represented. Corrigan et al. (2012) had conceded that educating society was equally as effective as one-on-one human interaction or contact. Both seemed valuable elements in mitigating stereotypes and biases about mentally ill persons. However, the most significant result from this study was that even a popular video or story line from a movie was not as effective in reducing stigmatizing attitudes and subsequent behaviors involving stigma. Included that this meta-analysis considered demographics, racial and ethnic differences, the sizes of the intergroup contact scenario, and age, the effects of contact between individuals appeared to produce the most powerful means of reducing stigma.

**In Our Own Voice (IOOV)**

A very successful anti-stigma program offered by the National Alliance on Mental Illness (NAMI) is named “In Our Own Voice” (IOOV). IOOV is an original approach because speakers who have a mental illness are trained by NAMI to travel to schools, community organizations, and the workplace to talk about how they navigate the various aspects of living with a mental disorder. IOOV seems to be very popular with college
students and the IOOV presentations appear on numerous campuses throughout the United States.

Rusch et al. (2008) wished to examine the effectiveness of stigma reduction of IOOV as it compares to psychoeducation. It was the first study to compare IOOV to a controlled environment and psychoeducation, both specifically designed to reduce the stigma of a specific disorder. This is particularly relevant to college students as they are prone to a high rate of disorders common to their age group—stress, anxiety, and depression. Rusch et al. (2008) were interested in determining if persons in a face-to-face contact presentation would have a more powerful effect on stigma reduction of bipolar depression than a psychoeducational presentation on the same topic. The participants were 43 undergraduates randomly assigned to either a psychoeducation class or an IOOV presentation. First, a psychoeducational control group, one with expectations to reduce bipolar stigma, was set up. Second, the IOOV bipolar depression specific in-person presentation on stigma reduction was recorded. Although it was hypothesized that both approaches might be equally as effective, the study’s results showed that that IOOV was more effective than a psychoeducational class taken by a control group of students (Rusch et al., 2008). The researchers speculated that one significant variable might have been that the presenters were approximately the same age as the attendees, and that depressive disorders and the vocabulary of depression was known by the college students, making the IOOV speakers more credible. As an addendum to this research study’s results and conclusion, the researchers took note of the fact that speakers who appear in person and discuss multiple types of mood disorders were not viewed as authoritative figures teaching facts, medical terms, and complicated definitions as experienced by the students in the psychoeducational class. Even when the study presented three alternating sets of IOOV presentations and psychoeducation, IOOV proved more effective in lowering stigmatizing attitudes. Rusch et al. (2008) stated that the details of IOOV
success remained undetermined. The most significant finding in the study was that
psychoeducational lectures rely on genetic/biological factors and psychoeducational
jargon to impart information, as opposed to IOOV presenters disclosing their lives with
mental illness in a very personal way. The IOOV presenters were specifically trained to
share their stories, report failures and successes, and describe their recoveries (Brennan,
2013). It appeared that true accounts of human suffering and the power of human
survival were far more compelling in reducing stereotypes of the mentally ill as weak,
incompetent, and incapable of having a successful existence.

The positive effects of NAMI’s IOOV program spurred a second study
(Corrigan et al., 2010) specifically for the college student population. Participants
from four Midwestern colleges were asked to attend a 90-minute IOOV presentation, a
30-minute IOOV presentation or a 30-minute educational lecture. The researchers were
particularly interested in comparing intergroup contact effects measured against newly
acclaimed stigma reduction programs offered on college and university campuses. They
administered the Life Story Memory Test (LSMT) to the attendees after the presentation
of IOOV, to find out what each participant drew from the experience. Corrigan et al.
(2010) still maintained that college students would personally relate to in-person speakers
and the IOOV speakers would have a far greater impact than either education or protest.
The 30-minute IOOV presentation and education conditions produced more positive
outcomes than the 90-minute IOOV condition. The unexpected result, however, was
that students stated in their responses to the LSMT that they had negative reactions to
the educational content of a 30-minute video. The researchers concluded that it is not
necessarily true that educational videos designed to reduce stigma of mental illness
create negative reactions. Precisely, they said the findings were due, rather, to the
notion that IOOV conditions provide more positive outcomes in cognitive processing
of personalized presentations as opposed to the same mental processing of a video or
movie image. The researchers translated the data into different ratios to account for this over-responding affect; it appears that students taking a test on educational material are conditioned to respond in repetitious patterns (Corrigan et al., 2010). Accounting for this over-responding, the two IOOV conditions maintained significantly higher ratios than the video and movie experience. Students preferred a half hour dialogue from IOOV presenters to be a better fit with their schedules than a presentation lasting a full hour and a half. The study recorded that this might be a fatigue affect after a full 90-minute dialogue. The researchers concluded from the study that there are important implications for college student stigma reduction programming. Determining the efficacy of education versus contact anti-stigma programming, might direct attention to college and university budget allocations and spending priorities for more one-on-one contact and mental illness anti-stigma programming on these campuses.

**Conceptual/Theoretical Framework**

Influenced by Goffman (1959), Pescosolido, Martin, Lang, and Olafsdottir (2008) concurred that stigma is born of social relationships, and that individuals arrive at stigmatizing behaviors, predisposed by both internal and external societal forces. These researchers isolated mental illness stigma as a single element, and proposed a conceptual/theoretical framework that defined complex levels of societal norms that shape stigma.

The Framework Integrating Normative Influences on Stigma (FINIS), meta-analysis of successful outcomes of intergroup contact research revealed that more interdisciplinary approaches to contact research might widen the scope of dependent variables as considerations for increased successful contact experiences. Implications for achieving equal group access to all aspects of human living conditions, education, jobs, housing, and health care are global considerations. Intergroup contact is a structural
remedy designed to obtain equality in multigroup societies and transfers the positive
effects of desegregated schooling, affirmative action, and promoting diverse cultures in
the United States

The Framework Integrating Normative Influences on Stigma (FINIS)

Micro Level

Figure 1 (Appendix), far left section, displays many essential features of the
mentally ill. These include the stigmatizer and the stigmatized in the social psychological
context, and how these persons might affect stigmatizing responses. The section directly
to the right, displays disease characteristics and social characteristics that form people’s’
preconceived notions of stigma. For example, even today, some people believe that
mental illness is contagious (Pescosolido et al., 2008).

In further consideration of the micro level, researchers state that social identifiers
also combine to ultimately control perceptions that persons can be easily identified by
age, class, race, and social distance, as mentally unhealthy. The mentally ill person then
becomes a “target” and immediately perceives the self as an individual of less value.
The stigmatizer will label that person, thereby creating a stigma response (Pescosolido et
al., 2008).

The Macro Level

The FINIS model’s lower left side dictates that stigma resides primarily in the
national context. This macro component highlights four sections of influence that include
the economy, persons on welfare, the state of the country’s medical services, world-wide
impacts, and values that have a role in shaping these mental illness norms. However
dominant the national context may seem, the media precedes and defines it in such a way that its essential role in citizens’ lives becomes a matter of interpretation from the 24-hour news cycle.

**Media Influences**

Traditional media and social media have so profoundly impacted the nation’s day-to-day living, that it seems impossible to aptly describe these driving forces in the current culture. The rapidly growing uses of media to influence young minds is even more difficult to calculate. This issue is so controversial that it deserves a professional delineation.

FINIS suggests that media exposure to images of persons with mental illness and real-life exposure to persons known or perceived to have mental illness will interact to create physiological, cognitive, attitudinal, and emotional responses. Real world experience can function to confirm or disconfirm media information and images. Researchers believe that knowledge about mental illness received from a lifetime of media use offers multiple stereotypes, rendering people becoming judgmental when they encounter real-life experiences related to mental illness, or persons with mental illness. (Pescosolido et al., 2008, p. 8)

**The National Context**

The lower left side of the FINIS model, the national context, is described as the most powerful influence in the FINIS model.

The national context provides an overarching ideology by categorizing stigmatized groups by providing clues to appropriate responses toward them. The larger context embeds normative expectations in and through economic
development, social organization, and cultural systems because each reflects access to social power. (Pescosolido et al., 2008, p. 7)

More specifically, the way in which societies are structured allows for certain individuals to obtain power, and formulates how the general populace views themselves within those structures. The national context can interfere in powerful ways to stratify specific stigma production policies, thereby providing an overall cultural climate for negative norms and critical responses for an entire nation (Pescosolido et al., 2008). These scholars relate that it is difficult to decide which of these components as the more influential in either engendering stigma or reducing it. While the FINIS framework lists all national components as having equal impact, it also asserts that economic development and cultural values act as competing forces. “Modernization theorists contend that economic development brings pervasive cultural change, while others from traditionalists to postmodernists suggest that cultural values are an enduring and autonomous influence on society” (Pescosolido et al., 2008, p. 435).

The Meso Level

The meso level of FINIS is located within a specific section of the FINIS model named, social characteristics. Dotted arrows indicate the direct impact this component has on the far right section of FINIS – the stigmatizing process. This social network is identified by Pescosolido et al. (2008) as the “contact hypothesis,” as depicted by in-person contact with a human being with a mental disorder.

Social Networks

The FINIS model does not define “social networks” in the current pop culture vernacular. Social networks do not refer to the Internet, Facebook, snap-chats or tweeting. Rather, FINIS decidedly discusses the power of “in vivo” human contact. This includes
persons in the physical presence of one another, interacting in a socio-psychological manner (Pescosolido, 2013). Pescosolido et al. (2008) fully embrace contact hypothesis theory into their social network section of FINIS.

The literature is replete with research studies about the successful nature of human contact between dissident groups that reduces not only mental illness stigma, but racial discrimination, gender bias, and disability stereotypes (Allport, 1954). Pescosolido et al. (2008) cite key figures in contact hypothesis literature. Corrigan and Penn (1999) arranged studies to test the effectiveness of mental illness stigma reduction by putting persons together in an “in vivo” experiment. They concluded that there was a visible shift in stigmatizing attitudes from participants. Pescosolido et al. (2008) continue this thinking by stating how merely becoming more familiar with someone who has a mental disorder can dispel the myths of ancient medical history, describing the mental illness as insane or as “lunatics.” Current American culture remains intolerably ignorant as we hear of mentally ill persons being described as “maniacal criminals,” or “deranged sociopaths.” Human progress from the promising results of contact research for reducing mental illness stigma moves glacially. Yet, the positively based opinions of prominent and well-respected researchers continue to prevail. Leaders in contact hypothesis research such as Link and Cullen’s (1986) study contributed to the trials for contact theory resulting in reducing discrimination in multiple contexts. More recently, Pettigrew and Tropp (2006) have conducted meta-analyses to support the veteran contact theorists’ conclusions that indeed human contact does reduce stigmatizing attitudes and behaviors.

Pescosolido et al. (2008) offer innovative thinking by naming certain “types” of social networks. They relate, that while “traditional” social networks thrive on commonality, they may fall short in assimilating notions of tolerance and diversity. These researchers describe “modern networks” as less concerned with mutuality, but more directly successful in producing an open and free identity-making process. They tout this
“modern social network” as leading to greater acceptance of “differences.” Pescosolido et al. (2008) maintain this position as they name multiple qualifiers that must be present in the interactions. They state that in order for human contact to reduce stigma, it is only effective when participant interaction is voluntary, the goals are common between participants, the participants are relatively the same age, and that the experience is intense and prolonged. They continue by stating that this group dynamic becomes less monolithic and more variable as they refer to the work of Kolodziej and Johnson (2006). Pescosolido et al. (2008) could had solidified their model of “modern social networks” as being parallel with 50 years of contact theory research. Their FINIS model would have concluded with certainty that these experiences of one-on-one or group interaction, resulted in a reduction of stigma of mental illness. It would have been the singular and centrifugal force in their FINIS model for reducing the stigma of mental illness. Moreover, the FINIS model would have supported the “modern social network” existence as the most pronounced feature (Appendix) for affecting normative influences on stigma. Their contemporary, historically significant model seemed to be a natural outcome of past and present research postulates. It was not until their world-dominant theoretical views on stigmatizing norms - coming from the national context, extinguished their theoretically “modern social network” component of FINIS.

Pescosolido et al, (2008) currently state that FINIS signifies the most powerful stigmatizing norms as coming from the inevitably powerful national context - the macro level – “and may operate to thwart the effects of “contact.” (Pescosolido et al., 2008, p. 435). For these researchers, the power of one person being able to affect another, or the impact of two groups positively influencing each other, is not the primary force for changing stigmatizing norms in culture and society. These researchers have concluded that outside influences, such as the state of the economy, or the current appraisal of our country’s health care programs, will so powerfully instill norms into society, that only
global stigma reform will be effective. FINIS researchers state that the efforts of one-on-one, or group contact and interaction, to reformulate norms of stigma of mental illness are largely ineffective.

**Linkages**

The research studies on the FINIS model (Reskin, 2015) conclude by stating that “if it is inevitable that we can only change “hearts and minds” around the edges, then any variation on prejudice and discrimination that we document across levels must reflect the critical importance of the macro level - the media, and the national context” (Pescosolido et al., 2008, p. 437). This flies in the face of the “contact hypothesis” which purports the power of intergroup or one-on-one human contact as the most powerful factor in decreasing prejudice, bias, discrimination, and stigmatization of persons with a disability or mental illness (Corrigan et al., 2012).

Thus, I will support, contradict, explain, or expand the FINIS macro theory of the national context and media as dominating stigmatizing attitudes, and hypothesize that the meso level of the FINIS model (social characteristics) is the primary and more powerful determining factor in reducing stigma, prejudice, and discrimination. I will report on college student experiences and interpretations of a contact scenario, the IOOV experience, and their comments on areas of mental illness stigma that they believe foster social injustices. This study will employ the methodological approach of Critical Discourse Analysis (CDA) in college student interviews and focus groups’ text and talk to decode linguistic patterns that speak to the oppression of mental illness stigma and the destigmatizing power of face-to-face contact with the mentally ill as described in the meso level of the FINIS conceptual/theoretical framework.
Summary

Stigma of mental illness is the key reason why young adults on college campuses do not get professional assistance for their mental illness symptoms (Eisenberg et al., 2009). The National Alliance on Mental Illness survey, “College Students Speak,” reports students’ reluctance to disclose mental illness symptoms for matters of privacy (Grudattero & Crudo, 2012). Currently, greater focus is now being given to relatively distinct examples of stigma – perceived public stigma and personal stigma. Inconsistencies between the two types of stigma should be heeded.

Pederson and Paves (2014) designed a study to examine similar or dissimilar attributes of perceived public stigma and personal stigma. 386 young adult participants completed surveys about mental health, attitudes about treatment, public opinion of those with mental illness, and individuals’ personal opinions towards their friends or peers who were receiving treatment. This study revealed that young adults expressed far greater negative attitudes about treatment and disclosing any symptoms of stress or anxiousness at all. The same young adults reported that they would not, however, personally stigmatize friends, or peers, but would stigmatize themselves if they were receiving professional help. This seems to indicate a gap in the research as not much attention is devoted to the degree to which college students may inflict deep personal judgment on themselves or experience equally profound emotional experiences that researchers have failed to analyze beyond student self-reporting. Therefore, while researchers are studying perceived public stigma and its relationship to personal stigma, it may be highly advisable to expand research efforts to study the significant and powerfully damaging effects of college students who may judge themselves even more harshly upon seeking treatment for mental health disorder symptoms than they would their peers, or members of society in general.
Contact hypothesis researchers recognize the strengths and limitations to their widely acclaimed meta-analyses of the positive effects of intergroup contact in reducing stigma of mental illness. Pettigrew and Tropp (2011) identified the need for research design to focus less on separating two or more groups and more on cross-grouping. They also underscored the need for cross-groups to interact, build relationships, and form friendships. Pettigrew and Tropp (2011) named lack of deeply analytical structures in translating the actual processes of the contact dynamic. Future research may be directed not only towards human relationship formation and bonding in cross-groups, but also to the more profound aspects of verbal and nonverbal communication as having greater positive outcomes of human contact in reducing stigma. Corrigan et al. (2012) may have had similar conclusions as they reported on some success in attitudinal changes regarding stigma, but also concluded that changing stigmatizing behaviors over time would require additional longitudinal research design, sophisticated analytical approaches, increased resources, and further commitment.

This literature review presents student surveys, contact hypothesis research, and the successes of the intergroup contact stigma reduction program – IOOV. Thus far, these empirical studies converge to support, confirm, expand, or explain the work of Pescosolido et al. (2008) Framework Integrating Normative Influences on Stigma (FINIS). At this time, this dissertation supports the concept that stigmatizing norms do emanate from complex cultural structures – the micro, macro, and meso levels of society. This study confirms and expands the detailed analysis at the micro level that describes the components of the social psychological context that are normative descriptors of stigmatizers and those who are stigmatized. This study confirms and expands the idea that the macro level represents the larger cultural context and shapes the way that individuals interact as they accept or reject the way in which the dominant culture defines mental illness stigma.
While Pescosolido et al. (2008) maintain that there is progress in reducing stigma by increasing proximity to those with mental illness they remain unenthusiastic about the results of recent IOOV research and describe these effects as largely inconsistent. Pescosolido et al. (2008) remain steadfast in minimizing the power of human contact in mitigating mental illness stigmatizing norms. They take the position that these results are inconsequential in the presence of overarching FINIS macro level influences such as the globalized human condition, Wall Street, and the government taking social responsibility for democracy, poverty, and social services. Pescosolido et al. (2008) do not name deeper analytical methodologies, non-biased reporting, nor innovative research strategies designed to investigate the complex workings of human contact as a singular property of the human species.

Currently, millions of dollars are spent on educating college students about mental illness through mental health classes, online programming, videos, Ted talks, and movies. However, the more modern contact researchers are now concluding that the most successful anti-stigma programming is beyond cognitive processing (Corrigan et al., 2010) and is more effective via one-on-one intergroup contact presentations. College and university mental health advocates might heed these research results and begin to reassess their priorities. Further campus research in the form of student surveys and questionnaires might alert college administrators to the successes of the on-campus IOOV presentations, thereby providing information for college and university administrators to shift their attention from “educating students” about mental illness to instating policies that advocate for college students to be in the company of other students or persons experiencing a mental health disorder.

This study will address this methodological gap by calling for a more rigorous analytical approach to the contact hypothesis by decoding the deep linguistic meanings of talk and text of college students in the contact encounter. Critical Discourse Analysis
(CDA) is a research method that requires the investigator to locate, code, describe, and draw conclusions on, deep meaning from the linguistics of the observed participant. CDA is also primarily a tool to reveal covert linguistic structures of power and dominance, much like the societal stigma and discriminatory attitudes toward the mentally ill. By systematically analyzing the text and talk of the IOOV “contact hypothesis” college student experience, this researcher will provide a methodological lens that will shed light on the dominant language of those who stigmatize the mentally ill. This researcher will trace those same persons’ disavowing the power of discourse between and among those with differing views.

For over 50 years prominent researchers have concluded that both adults and college students, who interact with a person who is mentally ill, will become enlightened and will dispel former stereotypes of that person. It is a future filled with hope if not only adults, but the nation’s youth, through personal contact, can believe that mentally ill persons are those who have strong capabilities, a vision of for their life, goals and achievements, and a full, rich existence.
CHAPTER 3

METHODS

The theory of cognitive linguistics postulates that human cognition and thinking patterns are found in the structure of language. Cognitive linguists embrace the notion that meaning is central to language (Hart & Lukes, 2007). Noam Chomsky’s early work presented the idea that language and cognition are inextricably intertwined (Chomsky, 1987). Cognitive linguists continue to research this connection and present a variety of interrelated theories. Originally, researchers investigated complex cognitive structures that are tangential to human verbal and written expression (Lakoff & Johnson, 1980). More recently, cognitive linguists emphasize a complex relationship between language and the very subtle aspects of cognitive functions (Hart & Lukes, 2007). This dissertation maintains that by studying the deep meaning of college students’ cognitive linguistic structures regarding stigma of mental illness, their inner thoughts of prejudice, bias, and discrimination may be revealed. Cognitive linguistics, combined with a critical theory lens may reveal not only the students’ words of the stigma of mental illness, but also the conceptual foundations for the oppression and discrimination experienced by those with mental disorders.

Critical Discourse Analysis

Critical Discourse Analysis (CDA) is a critical/theoretical linguistic method used to detect social injustices. CDA researchers select and analyze sections of text and talk
that contain the deep linguistic roots of power, dominance and oppression (van Dijk, 1993, 1995). This allows society to understand the basics of discourse as they relate to bias and discrimination (Wodak, 2001).

Wodak (2001) confirms that language is a form of domination. Wodak (2001) then uses a positive metaphor to describe language as a database of power: it defines power, articulates power, and resolves disagreements about power. Wodak (2001) adds a negative metaphor to delineate aspects of language that are a challenge to power, such as subversive language. For example, the language of activism and protest has had enough impact to simultaneously dispel and reorganize power. Critical Discourse Analysis (CDA) systematically records linguistic components that reveal written or spoken mechanisms by which society is manipulated by powerful verbal expressions (Lakoff & Johnson, 1980). The critical theory component in CDA is key to matching powerful and oppressive linguistic tone and language content with social phenomena. CDA challenges the researcher to analyze how society is designed and its ability to manufacture linguistic thoughts, words, and actions that help the dominant group to control the political and social environment (Rambaree, 2015). CDA calls for the researcher to decode, organize, and report on the subtle uses of text and talk used to erode social justice. Finally, CDA might be best understood as an “insight warrior” for detecting covert language structures used by those seeking societal control (Lakoff, 1996).

“Stigma is the backbone of prejudice” (Pescosolido, 2015, p.1). This dissertation’s goal was to locate and critically interpret college students’ mental illness dialogues while also deciphering the deepest meanings of power and subjugation of mental illness stigma in their verbal patterns. Drawing from cognitive linguistics theory, Critical Discourse Analysis (CDA) was chosen as the methodological approach best suited for detecting the deepest meanings of these college students’ experiences with the power and oppression of mental illness stigma.
CDA and Critical Metaphor Theory (CMT)

“In the dominant Critical Discourse Analysis (CDA) models, emphasis on ideology, power, and language has overridden concern with the conceptual structures that are behind discourse” (Maalej, 2004, p. 1). Previously, critical discourse analysts focused on the structure of language as lexis and modality. The more complex aspects of meaning and conceptualization, such as those found in metaphor analysis, were largely ignored (Maalej, 2004).

Beyond the bare-bones of linguistic structure lies the construct of the conceptual metaphor. Metaphors offer a sophisticated understanding of common language through abstract models that reveal human collective patterns of thought (Lakoff & Johnson, 1980). The history of linguistics demonstrates that at its essence lays the power of metaphors, and that deep linguistic meaning is metaphorically structured (Sweetser, 1990). For example, “understanding is seeing” typifies the idea that words can change their meaning, even historically. This may explain why physically “seeing” evolved over time to have a nonphysical meaning, such as “understanding” (Gibbs, 1992).

Metaphors are pervasive in discourse as linguistic validity is central to our life (Lakoff & Johnson, 1980). Metaphors translate literature, emotions, and time. They give meaning to everyday ideas and events as a structure to help us understand purpose, actions, and changes in sentiments (Lakoff & Johnson, 1980). Metaphors are windows into the deeper meanings of words, phrases, and sentences. These conceptual words and thoughts become crucial linguistic tools for more deeply analyzing text and talk as linguistics scientists believe that our conscious thinking is only a small portion of general thought. Lakoff and Johnson (1980) characterize the cognitive unconscious:

The massive portion of the iceberg that lies below the surface, below the visible tip that is “consciousness,” with the visible tip of conscious thought
only accounting for five percent of thought. It is the totality of those theoretical
cognitive mechanisms above the neural level that we have sufficient evidence for,
but that we do not have conscious access to. (Maalej, 2004, pp. 134-135)

These linguists go on to explain that the majority of our thinking is unconscious,
is found beneath the cognitive thought making processes, and is virtually inaccessible to
conscious thinking. Linguistic scientists who research neural pathways remain steadfast
in their belief that conscious thought is not the primary force in the processing of
information (Lakoff & Johnson, 1980). It is the cognitive unconsciousness that translates
conscious behaviors.

The history of the role of metaphors and descriptions of mental illness allows us
to realize that at the heart of the language of mental illness stigma lies a vast discourse
of stereotypes and discrimination. Critical Metaphor Theory (CMT) allows us to delve
into the nature and causes of mental illness stigma – the fear, shame, and embarrassment,
and to covertly investigate linguistic structures associating mental illness with
maniacal behavior. Metaphor analysis might eventually help to reframe the way society
conceptualizes and builds a lexicon for the stigma of mental disorders (Reali et al., 2016).
As it relates to this study on college student mental health, one might now understand the
significance of critical metaphor analysis of, “I’m trapped inside depression,” or “She’s
anxious beyond belief.”

Metaphors are one of the chief linguistic tools used for coding mental health
problems. For instance, psychological disorders can be metaphorically described
as “opponents” that need to be fought against or as “places in space” where
one has fallen into. We normally say things such as, “you need to fight negative
feelings”, or “sadness got a hold of her.” (Gibbs, 1994, pp. 411-466)
Critical Discourse Analysis and critical theory metaphors are named as Critical Metaphor Theory (CMT). CMT can be powerfully combined with CDA to trace linguistic patterns of mental illness prejudice and discrimination. By melding CDA and CMT, these research methods can deliberately trace conscious speech and the depth of unconscious thought that have the potential to expose power and injustices (Lakoff, 1987).

If CDA is associated with conscious thought then CMT presents subconscious reality, thereby integrating these two methods as a very precise approach for locating not only overt power and oppression in discourse, but also the covert aspects of its societal impact (Li, 2016). The critical analysis of the metaphoric discourse of one-on-one college students’ interviews and a participants’ focus group session will become the methodological approach used to examine students’ text and talk regarding their opinions and the deep linguistic metaphors found in the stigma of mental illness.

**IOOV Case Study**

The National Alliance on Mental Illness (NAMI) student Campus Club featured the “In Our Own Voice” (IOOV) presentation on October 10, 2016, at California State University, Sacramento, CA. NAMI sent two female presenters, one diagnosed with bipolar disorder and the second with schizophrenia. These presenters named sequential stages of their lives with mental illness. They began by describing their most frightening days, followed by the realization of their mental disorders. They next described their treatment as key to developing strategies to grapple with a mental illness. These presenters concluded with the successes they experienced by dealing directly with their disorder. They summarized the presentation by expressing their determination to recover, and their dreams for the future.
The first presenter was a woman in her late 20’s who reported on her childhood - undiagnosed depression, bouts of mania, and multiple hospitalizations. This NAMI representative was now fulfilled in life as a librarian and free-lance photographer. The second speaker also shared about having experienced depression, uncontrollable mood swings, and her being perceived as dangerous as a child. She then made special note of her successful academic career including a BA in psychology, and an MA in education. These two presenters were most patient and spent approximately one hour telling their life stories. They responded to questions from the audience in a conversational tone, and a willingness to share intimate moments of their lives with mental illness.

Participants

Critical Discourse Analysis methodology and extensive analysis of talk and text was conducted to determine not only patterns of words and phrases, but to detect deep meaning of the students’ abstract metaphorical descriptions of the IOOV experience. This required 3 in-depth interviews from interested audience members. The interview volunteers were California State University, Sacramento students who had observed and participated in the IOOV presentation.

The participants were students from the California State University, Sacramento’s undergraduate population. This demographic is comprised of approximately 29% Latino, 28% white, 20% Asian, 12% other multi-racial, 6% African American, 3% Foreign, 1% Pacific Islander, and 0.3% American Indian or Alaska Native. The students were ranging in age from 20 to 23. Two participants were African American, three were Latino, and three were white. Five of the participants were female and three were male. All participants were volunteers, interested in the issues of mental health and stigma associated with mental illness. Five of the participants were members of the NAMI on-campus club and three were from the NAMI In Our Own Voice group. While four of the
participants expressed that they had experienced mental disorders, four of the participants stated that they did not have a disorder. One of those four participants stated that he might have a depressive disorder but was reluctant to disclose that fact. He was a high-profile student on the University campus and felt that he would be stigmatized and perhaps might even lose his highly-visible job on that college campus.

Three of the eight participants took part in individual 1-hour interviews. Two of the interviewees were African-American males and one interviewee was a white female. Confidentiality agreements were signed and interviewees understood that all of their responses to the carefully worded questions would remain anonymous.

A second data source, a 5-member focus group, participated in a roundtable discussion. This session also reflected the demographics of the university. Selected participants provided their consent by filling out confidentiality forms. The focus group consisted of 5 participants – balanced by gender, race and ethnicity.

**Data Sources**

Pre, mid, and post-IOOV interview sessions were conducted four months after the October 10, 2016 IOOV session. This method was approved by the California State University East Bay Institutional Review Board on February 9, 2017. Data collection was conducted on February 15 and 16, 2017. The Critical Discourse Analysis approach required data collection that consisted of the interview language and text from the participants. These in-depth interviews included a series of carefully constructed questions necessary for conducting valid qualitative interviews (Kvale & Brinkman, 2009). The questions were specifically designed to elicit language and text as it related to the pre, mid, and post-IOOV presentation. The research questions were open-ended, general, and focused on understanding the phenomenon at hand (Creswell, 2013). The setting for conducting pre, mid, post-IOOV interviews was the California State
University, Sacramento student union. This casual setting contributed to a relaxed atmosphere for conducting pre, mid, and post-IOOV interviews.

A second primary data source was a focus group of 5 participants who had viewed the October 10, 2016 IOOV presentation. The focus group discussion was held on February 15, 2017. The focus group was specifically designed as a casual semi-circle so that the researcher could observe the full interaction of 5 participants’ dialogue. This focus group of participants became the heart of a guided discussion of their perceptions of the IOOV presentation. The focus group provided a unique opportunity for the researcher because the interaction among the focus group participants yielded much different information than the 3 participant interviews. The focus group scenario consisted of the same open-ended questions offered during the individual interviews. Participants were allowed to converse, and were monitored whenever one member seemed to dominate the conversation. This focus group discussion was audio recorded and lasted approximately 1 ½ hours.

Data Analysis

Atlas-ti computerized software maps and analyzes qualitative data to locate key concepts through coding and data arrangement. In this study, Atlas-ti identified codes and themes that appeared in the conceptual/theoretical framework (FINIS), and interview and focus group transcriptions. This facilitated a process used by the researcher to support, contradict, explain or expand the foundational building blocks of the FINIS architecture. A qualitative data general model such as ‘Notice, Code, and Think’ (NCT), served as an informal guide for analyzing chosen data pieces (Rambaree, 2015). Friese (2012) reminded the researcher that “the collected and transcribed data is the ‘landscape’ that you will investigate and that this method of analysis will be your guide through it” (Rambaree, 2015, p. 358). She continued by stating that Atlas-ti was a tool that provided
a system that would be invaluable in the researcher’s examination of the data that had been collected.

CDA is reliant on critical theory, and a deductive orientation will not only refer to analyzing the discourse, but will allow the researcher to incorporate the essential features of the researcher’s conceptual/theoretical framework (Wodak & Meyer, 2009). Therefore, this section focused on two deductive analytical techniques for coding the interviews and focus group. The first, Atlas-ti software, allowed for electronic selection of quotations, coding, and sub-coding by highlighting the intended transcription quote and applying previously named code and sub-coded nomenclature to each quotation (Rambaree, 2015). Secondly, because the metaphoric references were not available in the Atlas-ti vocabulary, those same transcripts were coded and sub-coded manually to determine critical metaphor themes (CMT). This study had a data collection process allowing the researcher to use the interview and focus group data either to confirm and agree with the FINIS framework, or to challenge and expand on the FINIS model.

**Atlas-ti and Manual Coding**

The conceptual/theoretical framework (FINIS) themes and CDA participant transcripts were entered into Atlas-ti. Main ideas were located and thereby identified and electronically color-coded from the transcripts. The most appropriate ordering for this study were first round codes – pre, mid, and post-IOOV codes, second round codes – general metaphor codes, and third round codes – FINIS, meso-related contact theory codes. As these were all Atlas-ti color coded they became a type of mind-map which presented the codes in a visual web-type of structure. This was reported as the “noticing” within the NCT model (Rambaree, 2015).
The first and second rounds of coding were predictable IOOV responses and became Atlas-ti first and second round electronically color coded. This third round of electronic coding was revealing patterns that were not expected. The participant responses were not aligned with the FINIS model norms. At this stage, it was important to employ researcher reflexivity as it related to the conceptual framework and literature review that were also coded and sub-coded in Atlas-ti. These participants’ responses to the IOOV presentation were deeply emotional and revealed a greater depth of personal perceptions than Atlas-ti coding and sub-coding had to offer. The Atlas-ti software complex interfaces of coding levels became only tangential to this study as the participants’ transcripts were startlingly complex, and called for a very sophisticated decoding mechanism and a highly sensitive analytical procedure in the pre, mid, and post IOOV interviews and focus group. This reflexive examination obligated the researcher to consider an additional method of coding. It would have to be a system that would best serve this unexpected type of discourse.

**Selecting Discourse Passages**

The following coding procedures were a combination of features of Atlas-ti, and manual coding for the gathered data. This study had calculated that emotional responses to IOOV could be critically analyzed as metaphors. There was something powerfully unique about the participants’ discursive expressions as they shifted from before the IOOV presentation, to midway through the presentation, to after the IOOV presentation.

After recognizing the emotional patterns of discourse in the transcripts, this researcher began to read once again, each paragraph, sentence and word. These were separated into single paragraphs and each noted as a “meaning making” element. The researcher then analyzed each of the paragraphs for key phrases. These key phrases were recorded and the emotional response patterns began to emerge. These participants’
responses did contain words such as stigma and “contact,” however these participants were talking mainly about being apprehensive before going into IOOV, and feeling oppressed about expected IOOV content and vocabulary, particularly regarding discrimination and bias of those with mental illness. Their discourse shifted, however, when they spoke about mid-IOOV and expressed feelings of great hope over survival of the presenters. Their post-IOOV discourse contained exclamations of joy and elation over the IOOV presenters’ victory over mental illness.

The researcher easily coded for general metaphors, but needed a more in-depth coding technique for the participants’ profound emotional responses. The search for additional codes led the researcher to Zoltan Kovecses’ (2000) metaphor work, describing emotions in figurative language as “emotion metaphor concepts” (EMC) (Kovecses, 2000, p. 20). The researcher coded first round general emotion metaphors and second round axial coded bundled metaphors, and was now able to code a third time, using Kovecses’ emotion metaphor concept system, by which he assigned basic human emotions-love, joy, happiness, anger, and fear, to figurative, even poetic linguistic expressions. These were created by Kovecses as, for example, “fear is an opponent,” “love is a journey,” and “happiness is vitality” (Kovecses, 2000, p. 23). The researcher sub-coded 61 separate emotion metaphor concepts and organized them as they appeared sequentially in the transcripts. As these emotion metaphor concepts were coded, the researcher discovered that some emotion metaphors appeared more frequently than others. The researcher organized these emotion linguistic concepts and displayed them as they seemed to trend - in Chapter 4, tables 1, 2, and 3.

CDA required substantial samples of data and quotations for a thorough analytical process. Therefore, having abundant quotes, codes, and reflexive memos was vital. In a very complex fashion, these elements would either align with, disagree with, or broaden the FINIS framework. Moreover, a great number of words, phrases, sentences and whole
passages would be needed to build arguments for, or against, the fundamental contact hypothesis. This was the “coding” aspect of the NCT model.

**Critical Discourse Analysis – A Deductive Approach**

Atlas-ti allowed the researcher to deduce, or to critically apply the gathered quotations to agree or disagree with the conceptual/theoretical framework and identified emotion metaphor concepts (Rambaree, 2015). This was described as the “thinking” aspect of the NCT model.

CDA’s cognitive linguistic roots revealed key concepts from the data recorded during the interviews. Initially, the detected discourse patterns were those of deep emotion relaying possible participants’ suspicions of the motives of the IOOV presenters. More trusting discourse elements were noted and described by the researcher as the participants relayed the nature of the interaction between themselves and the IOOV presenters. These emotion data sets were the predominant concepts in the quotations gathered from the participants during the interview and focus group process. For example, in looking at memos and following selected codes and quotations, the hypothesis was that by these college students encountering peers with mental illness, IOOV would of its own volition, dispel or even eradicate preconceived notions of mental illness. By analyzing the general discourse and matching the conceptual/theoretical framework, the researcher would be able to determine if their responses indicate a shift in attitude. Rather than merely coding an attitudinal shift, the researcher had coded an emotional phenomenon as there had been an exchange of fear, followed by hope, culminating in joy and exhilaration – between IOOV presenters and audience members. This revelation did not confirm the FINIS framework’s foundational proclamation that the macro level, the national context, was the driving force behind mental illness stigma.
Rigor

Atlas-ti helped to synthesize the task of coding, and sub-coding within the FINIS theoretical framework, and review of pertinent literature. Atlas-ti provided a framework for rigor by identifying the most relevant conceptual material between chosen codes from FINIS and the IOVV transcripts. Memoing was instrumental in allowing for critically reflexive notes on each data set. These mechanisms worked together to formulate a vigorous analysis and provided a greater degree of internal and external reliability. Atlas-ti allowed the researcher to pattern various types and forms of data as color-coded conceptual mind-mapping. This bolstered the levels of transparency, thereby legitimizing the critical approach, the followed selections, and their interrelationships. Although complicated, Atlas-ti allowed for these tasks to be efficiently and effectively completed. One Atlas-ti researcher stated, “I will reflect on and record my interpretations, and remind myself that the validity of my interpretations is dependent on my ability to explain how they were reached” (Rambaree, 2015, p. 356).

Limitations

Although Atlas-ti facilitated the manual coding process of data analysis, it did not analyze the data, but simply helped to interpret it. Outside the realm of Atlas-ti capacity, critical discourse analysis and deductive thinking were the primary approaches. Numerous professional skills in linguistics, particularly critical metaphor theory (CMT) and emotion metaphor concepts were employed by the researcher independently of Atlas-ti capability. Knowledge of critical theory - discrimination, power, and oppression, and its relationship to the FINIS theoretical/conceptual framework was synthesized by the researcher’s knowledge of the effects of critical theory linguistic analysis.
Finally, questions might have been raised about whether the cognitive work of interpretation in CDA was not actually “over interpreting” discourse on behalf of non-analysts (Kovecses, 2000). In this study of metaphoric discourse, the stage of interpretation was the product of a critical mind, pursuing the results of the description offered by discourse, and following the entailment of emotion metaphor concepts. CDA along with CMT was an intentional, critical exercise chosen by the researcher and based upon extensive previous experience with the genesis of language, cognitive linguistics, critical theory, and experience in analyzing and interpreting discourse.

**Summary**

The purpose of this investigation into college student stigma of mental illness was to offer a conceptual/theoretical stigma model (FINIS) and its comparison to the theories of the destigmatizing effects of the “contact hypothesis.” FINIS offered the micro, macro, and the meso levels of societal norms. FINIS claimed that while the effects of human contact in the destigmatizing process are of value, the key deciding factors of stigmatizing come from the macro level, the socio-political national context.

For over 50 years, contact hypothesis researchers maintain that there is hope for eradicating the fear, shame and embarrassment of having a mental illness. The professional journals serve as repositories of contact theory investigations that show a record of continued positive outcomes in reducing the embarrassment of mental illness by having persons with mental disorders interact with those who do not have a mental illness. College student surveys used in this study supported the latter hypothesis.

CDA of coded general metaphors, and emotion metaphor concepts, based on the nature and functioning of CMT were the tools of the data analysis. Atlas-ti computer software assisted manual coding in organizing and comparing the codes from
the conceptual/theoretical framework with coded emotion metaphors from interview and focus group text and talk. The results strongly suggested that human contact was a superior force in destigmatizing mental illness and that the external environment - the media, economics, the welfare state ideology, healthcare systems, globalization, and cultural values had less impact than FINIS researchers proposed on creating and eliminating college student stigma of mental illness.
CHAPTER 4

FINDINGS

This study investigated the following questions: “What are college students’ preconceived notions of mental illness before IOOV?” and “What are college students’ attitudinal shifts after the IOOV presentation?” As mentioned in Chapter 3 Methods, these students were comprised of undergraduates from the California State University, Sacramento. All participants were volunteers, interested in the issues of mental health and stigma associated with mental illness. Five of the participants were members of the NAMI on-campus club and three were from the NAMI In Our Own Voice group. Participants responded to carefully constructed interview and focus group questions designed around the NAMI In Our Own Voice presentation.

Originally, based on findings from a pilot study, the researcher thought that metaphoric references to mental illness stigma and human contact would be the key linguistic themes that arose from the analysis. However, power emerged as the dominant discourse, and emotion metaphor concepts were the linguistic mechanism for defining power discourse. The collected data was linguistically decoded and critically analyzed. The IOOV presentation was identified as the main source of discourse central to this research design. Findings from the pre-IOOV data included participants’ expressions of apprehension of presenters and audience members. The mid-IOOV experience was associated with participants hearing presenters’ stories of their lives with mental illness. The post-IOOV experience was associated with participant references to presenters offering them hope and personal redemption from mental illness discrimination.
As a key finding, the mid-IOOV experience appeared to be the pivotal core of the cognitive and affective shift of participants’ attitudes. However, critical discourse analysis of the mid-IOOV text revealed that the attitudinal shift occurred primarily during linguistic expression of “a transfer of power” from IOOV presenters to audience members. That is, the IOOV presenters allowed attendees to enter their personal lives, thereby recognizing the audience members as equals. In sum, IOOV had provided a forum for a mutually inclusive state, referred to in this study as “core equilibrium.” Additionally, participants’ reactions to the IOOV presentations were not exclusively cognitive - they also demonstrated deep emotional reactions to the IOOV presentation. Specifically, they expressed thoughts and feelings related to the power of apprehension and fear, the power of survival, and the power of freedom from oppression of mental illness stigma. These cognitive and linguistic elements were identified as emotion metaphor concepts through the critical discourse analysis process (Kovecses, 2000).

In the following chapter, the researcher divides the study’s findings into two sections – linguistic analysis and structural analysis. In the linguistic analysis section, the researcher discusses the themes of apprehension, oppression, survival, and redemption that emerged from the metaphor coding process. In the structural analysis section, the researcher divides in more depth, the interviewees’ individual themes drawn from the critical discourse analysis of pre, mid, and post-IOOV interviews, and the focus group text and talk.

For the remainder of this chapter, the researcher adopts the active voice, “I” as a result of the weighty sense of responsibility I experienced as the participants divulged their most personal accounts of their IOOV experience.
Linguistic Analysis

Critical Discourse Analysis (CDA) targeted aspects of power and subjugation in the text and talk of this study’s participants. In this analysis, I identified “power” as the dominant discourse. Four critical themes emerged in the participants’ texts - apprehension, oppression, survival, and redemption. I further sub-coded these themes as emotion metaphor concepts, which are figurative expressions that conceptualize metaphors (Kovecses, 2000).

The emotion metaphor concepts that have received attention from a variety of scholars - Lakoff and Johnson (1980), Lakoff (1987), Lakoff and Turner (1989), Langacker (1987, 1991), Johnson (1987, 1993), Turner (1987), Sweetser (1990), and Gibbs (1994), in this tradition include anger, fear, happiness, sadness, love, lust, pride, shame, and surprise. (Kovecses, 2000, p. 20)

Drawing from these foundational emotion metaphors, four emotion metaphor concepts were chosen that were the most closely aligned with - in figurative language - the meanings of the four major themes: Apprehension (fear), oppression (anger), survival (happiness), and redemption (love).

I sub-coded apprehension as the emotion metaphor concept of “fear.” I analyzed “apprehension” as being rooted in fear because it was the most accurate descriptor of the participants’ expressions of their cautionary approach to the IOOV experience—in other words, they feared what they might be seeing in the presentation. I decided that apprehension might be figuratively defined by Kovecses (2000) since in his book of emotion codes he describes fear in the following way—“fear is a hidden enemy,” “fear is an opponent,” “fear is a struggle,” “fear is a burden,” “fear is a tormentor,” “fear is an illness,” and “fear is a divided self.” Additionally named were “fear is a fluid in a
container,” “fear is an opponent in a struggle,” and “fear is a natural force.” Moreover, fear is described by psychologists as the most difficult emotion to define, while Kovecses (2000) names it as the “divided self” (Kovecses, 2000, pp. 23-24).

I then sub-coded oppression as “anger.” I found the following figurative language for emotion metaphors to be the closest in meaning to the participants’ comments about the power, oppression and subjugation of mental illness. I chose Kovecses’ (2000, p. 21), following analogies for the participants’ words and feelings of frustration about stigma of mental illness - “anger is fire,” “anger is smoldering,” “anger is an opponent,” “anger is trespassing,” “anger is a functioning machine,” “anger is a burden,” and “anger is a societal superior force.” I found an undercurrent of anger and frustration in many of the participants’ responses. This signaled the oppressive nature of the participants’ awareness that there was a student ritual of hiding mental illness symptoms.

I wished to further investigate this emotion, not as a psychologist, but as a professional linguist – one with a newer sense of responsibility for these young adults’ private revelations.

Through a cognitive linguistic analysis of anger, I found that it to be very closely aligned to the emotion metaphor concept of aggression.

For example, the “functioning machine” metaphor refers to the angry person, and “physical annoyance” and “trespassing” as the core of anger, “aggressive animal behavior” on the angry behavior, and “opponent” on the aspect of control. A primary conceptual metaphor is “anger is a hot fluid in the container.” Its centrality derives from two sources: one is that the container captures the metaphorical physicality of anger. The second is that “anger” is extremely complex both in terms of its linguistic components, and the degree to which it is related to the deep meaning of discourse. (Kovecses, 2000, p. 21)
Next, I chose the emotion metaphor concept of “happiness” as closest to what participants had so excitedly stated about hearing the IOOV presenters’ stories about not becoming victims of their mental illness. The participants’ exuberance after engaging in the presentation represented a major shift from the apprehension they had felt before they attended the IOOV presentation. In short, the IOOV presenters’ survival stories brought them joy. I interpreted this joy, stemming from knowledge of survival, as a form of happiness, as the participants defined their survival with metaphors of positivity (Kovecses, 2000). “Happiness” is metaphorically represented by Kovecses (2000) as “up,” “happiness is being off the ground,” “happiness is a light,” “happiness is vitality,” “happiness is warm,” “happiness is a physical sensation,” “happiness is rapture,” “happiness is a high,” and “happiness is a natural force” (Kovecses, 2000, p. 24).

I sub-coded “redemption,” as the fourth theme with the emotion metaphor “love.” According to Kovecses’ (2000) emotion metaphor concept system, “love is a nutrient,” “love is a journey,” “love is a unity of parts,” “love is closeness,” “love is a bond,” “love is a fluid in a container,” “love is fire,” “love is a deity,” “love is a natural force,” “love is a physical force,” “love is enchantment,” “and “love is rapture” (Kovecses, 2000, p. 26). In this study, the emotion metaphor concept of “love” was perhaps the most highly “metaphorized” by participants. As such, it emerged as part of a metaphor classification that invoked those human relationships involving “unity.” “Love as a unifier” became a poignant descriptor as participants’ expressions demonstrated that they strongly bonded with the IOOV presenters.

The following tables represent the four themes and emotion metaphor concepts. The pre-IOOV table (Figure 1) is a display of the participants’ expressions – ranging from caution and uncertainty, to anxiety and statements of fear before encountering the IOOV presentation. For example, one participant states that mental illness is a hidden notion in current culture. The emotion metaphor concept for this response was “fear is a
hidden enemy.” Another pre-IOOV participant tells of stigma being out of control, like an epidemic. The emotion metaphor concept for this participants’ expression is “fear is a natural force” (Kovecses, 2000, p. 23).

The mid-IOOV table (Figure 2), tracks the participants’ breakthrough from the apprehension and fear characterizing their expressions prior to the presentation. This table communicates the participants’ language of relief, assuredness, and hope taken from hearing the very candid narratives of the IOOV presenters. For example, one participant states that he/she could not imagine the IOOV presenter’s life as salvageable – but, in fact, the presenter had survived a seemingly hopeless situation. The emotion metaphor concept for this realization was “happiness is a captive animal” meaning that the power of happiness had been unleashed. A second participant recalls that the presentation was harshly real, yet the IOOV presenters presented a life of acceptance and the courage they had to live their lives. The emotion metaphor concept for this reaction was “happiness is light.”

The post-IOOV table (Figure 3) is representative of the participants’ transformation from apprehension, to hope, to declarations of a cathartic experience. For example, one participant remembered the impact of coming into contact, face-to-face, with a person who is free to tell their story of victory over mental illness. The participant exclaimed that these people “are for real.” The emotion metaphor concept for this acknowledgement was “love is a bond.” All of the participants described their IOOV experience as unforgettably spiritual. One participant had observed the body language of the IOOV presenter as having a burden lifted off of his/her shoulder. This participant, who had claimed that he had no symptoms of a mental disorder, declared that “aahhh,” he would like to have that feeling.
## Pre-IOOV Metaphor Trends

### Interviews

<table>
<thead>
<tr>
<th>Emotion Metaphors</th>
<th>Response</th>
<th>Discourse Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear is a hidden enemy</td>
<td>7</td>
<td>“It just seems like it is such…Like it’s in the dark.”</td>
</tr>
<tr>
<td>Fear is a natural force</td>
<td>5</td>
<td>“They were shocked because it seems like stigma, and that word is a huge thing, is so…It’s like an epidemic right now…”</td>
</tr>
<tr>
<td>Fear is an opponent</td>
<td>5</td>
<td>“Mental illness is something that is normally and you don’t hear about it, so you don’t know how your audience is going to react. It could be even a hostile environment.”</td>
</tr>
<tr>
<td>Fear is a physical force</td>
<td>1</td>
<td>“The other lady said, like these two people are really crazy people. They need Jesus.”</td>
</tr>
<tr>
<td>Anger is a burden</td>
<td>1</td>
<td>“You know, the stigma of black people is you have to be strong. And that being said, the stigma for us, it’s mental illness doesn’t exist.”</td>
</tr>
</tbody>
</table>

### Focus Group

<table>
<thead>
<tr>
<th>Emotion Metaphors</th>
<th>Response</th>
<th>Discourse Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fear is a natural force</td>
<td>12</td>
<td>“I was nervous…I didn’t really know what to expect.”</td>
</tr>
<tr>
<td>Fear is an opponent</td>
<td>7</td>
<td>“So I was really kinda fearful of, what if I can’t handle this? I had my therapist on speed dial to help.”</td>
</tr>
<tr>
<td>Fear is a physical force</td>
<td>5</td>
<td>“Yes, it is kind of nerve-racking the first time you come in.”</td>
</tr>
<tr>
<td>Fear is a burden</td>
<td>5</td>
<td>“It is really hard to walk into the room and say, “hey is this the mental health club on campus?” I remember being so scared…”</td>
</tr>
</tbody>
</table>

*Figure 1: Pre-IOOV Metaphor Trends*
### Mid-IOOV Metaphor Trends

<table>
<thead>
<tr>
<th>Interviews</th>
<th>Survival</th>
<th>Responses</th>
<th>Discourse Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emotion Metaphors</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Happiness is a captive animal</td>
<td>9</td>
<td>“I don’t think I could’ve imagined that person recovering because, just get the picture, that person was struggling. She was so strong and poised and she’s talking to us, that is incredible. That was hope like magnified.”</td>
<td></td>
</tr>
<tr>
<td>Happiness is a pleasurable physical sensation</td>
<td>7</td>
<td>“But to me it was just incredible that she could stand up there and say, “I can’t remember my childhood.”</td>
<td></td>
</tr>
<tr>
<td>Happiness is light</td>
<td>3</td>
<td>“There was an African-American lady…Okay, now here is someone who understands where I’m coming from.”</td>
<td></td>
</tr>
<tr>
<td>Happiness is a physical force</td>
<td>2</td>
<td>“The first time, I genuinely cried. The second time I was starting to put myself in her position.”</td>
<td></td>
</tr>
<tr>
<td>Happiness is a natural force</td>
<td>1</td>
<td>“A person could look at their faces and just think, oh, drug abuse. No there is a deeper layer behind that you have to delve into.”</td>
<td></td>
</tr>
</tbody>
</table>

### Focus Group

<table>
<thead>
<tr>
<th>Survival</th>
<th>Responses</th>
<th>Discourse Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Emotion Metaphors</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Happiness is health</td>
<td>10</td>
<td>“It is so raw, and just the courage that it takes to do something, that is really empowering.”</td>
</tr>
<tr>
<td>Happiness is light</td>
<td>7</td>
<td>“In one word. Eye-opening.”</td>
</tr>
<tr>
<td>Happiness is an opponent</td>
<td>5</td>
<td>“I understand now why she feels the way she felt.”</td>
</tr>
<tr>
<td>Happiness is a natural force</td>
<td>3</td>
<td>“There is no judgement from the speakers on us.”</td>
</tr>
<tr>
<td>Happiness is vitality</td>
<td>3</td>
<td>“That is the power to overcome. I wasn’t scared anymore.”</td>
</tr>
<tr>
<td>Happiness is a physical force</td>
<td>1</td>
<td>“So people have all these misconceptions…It’s like clearing the fog.”</td>
</tr>
</tbody>
</table>

*Figure 2: Mid-IOOV Metaphor Trends*
### Post-IOOV Metaphor Trends

#### Interviews

<table>
<thead>
<tr>
<th>Emotion Metaphors</th>
<th>Responses</th>
<th>Discourse Examples</th>
</tr>
</thead>
<tbody>
<tr>
<td>Love is fire</td>
<td>8</td>
<td>“So bringing it back to this. Before you do say that someone is crazy, maybe you remember a talk like this.”</td>
</tr>
<tr>
<td>Love is a natural force</td>
<td>7</td>
<td>“I remember everyone was so captured and I mean you could hear a pin drop…”</td>
</tr>
<tr>
<td>Love is a physical force</td>
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<td>4</td>
<td>“But if I’m talking to you face-to-face, one-on-one like I am right now and I tell you my story…Then I think it forces them to be like, “holy crap, this is real.”</td>
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<td>“If they can do it, I can do it,”</td>
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<tr>
<td>Love is a unity of parts</td>
<td>1</td>
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#### Focus Group

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<tr>
<td>Love is transformative</td>
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*Figure 3: Post-IOOV Metaphor Trends*
Structural Analysis

Interviews were chosen as the form of data collection for three IOOV participants. Each interview was conducted individually, and each was coded for critically relevant metaphor passages and emergent themes from sentences and phrases. In the following section, I describe the interviews of Teresa, a young adult majoring in psychology; Charles, a journalism major; and Mike, a young man majoring in business and psychology. The three key ideas discussed in this section include the pre, mid, and post-IOOV Interviews and focus group.

Pre-IOOV – Power of Apprehension as Fear

It was interesting to note that Teresa began to answer a question about fear of the IOOV presentation, generally, then redirected her answer to share her own view of how other people might respond.

Yes, but I think that is what, not even a concern but just how it is going to go? How are people going to react because whenever you bring up mental illness, something that is normally and you don’t talk about it, and you don’t know how your audience is going to react. It’s like it could be a very hostile environment!

My critical analysis revealed that Teresa expressed her uncertainty about the IOOV presentation’s effect on audience members. She was apprehensive of people’s reactions to a taboo subject – mental illness—and she became even more anxious about being in this potentially rancorous setting. “And you don’t know how your audience is going to react,” were metaphoric expressions of emotions rooted in fear. Emotion metaphors would name her fear as a “hidden enemy,” and her fear might have been described as “creeping up on her.” A deeper meaning could have been that Teresa was
afraid of that of which she could not be certain. She also could have meant that if there was an altercation, she would not know what to do.

The following quotation does not necessarily show that Charles had a preconceived notion about the presentation, but it was indicative of thoughts and emotions that other participants might have brought to the IOOV experience.

I think in my case I think people are afraid to talk about - The social standards of today are... The way that peer pressure is involved in a lot of what we do. You can’t talk about it because then people will think you’re weird. They are not going to accept you - They are not going to - In a situation where you want to be part of. There is always some sort of social clique - There’s always clubs, there are the games you want to be in it.

From my critical discourse analysis, it seemed Charles was anxious about the peer pressure he would feel if he talked about his mental illness. The key phrases he uttered were, “I think in my case,” “I think people are afraid to talk about.” Charles began slowly, at first, to describe these stigmatizing behaviors. With each example he provided, he became more agitated. He was angry about the oppression experienced by those having been labeled. In addition, Charles’ metaphors were emotions deeply rooted in fear. They might be compared to “fear is a fluid in a container.” He was “filled up with” fears of being a social pariah. A deeper meaning could be that “fluid in a container” moves in every direction, and so is not easily controlled. Charles’ overall reaction was that he did feel that he was not in control of the rejection he had felt by being excluded from social situations.

The third participant, Mike, described what IOOV attendees could possibly have been thinking prior to the presentation. However, Mike’s summarizing sentence was a metaphorical representation of how he might have been personally been feeling.
More importantly, Mike expressed his assumption that IOOV could potentially be an embarrassing situation.

For somebody who may not have a mental illness, I’m sure there are people in there who go there that don’t - that are just normal everyday people that they don’t really know, they aren’t in tune to the idea of mental health. They are probably looking at Laura and the other lady like these two are really crazy people. They need Jesus!

My critical discourse analysis of Mike’s description, “they aren’t in tune to the idea of mental health,” suggests that some audience members were not knowledgeable about mental illness or had no experience with persons who struggled with this issue. This lack of information he refers to here could be analogous to “a musical instrument not being tuned.” This means that resulting sounds from an instrument that is not tuned would result in harsh and unpleasant sounds –just as language from those heard from persons labeling people with mental illness as crazy is so harsh and grating. Audience members thinking of IOOV presenters as “crazy people” communicated emotion metaphors rooted in fear. This fear could be analyzed as “fear is a fluid in a container,” the concept being that the sight of seeing presenters with mental illness filled them (up) with fear. Further, Mike went on to describe that audience members might resort to saying, “they need Jesus!” This response would be represented by the metaphor concept, “fear as a social superior.” This metaphor indicated that the attendees’ words referring to a deity (Jesus) were dictated by the notion that only a supreme being could save the IOOV presenters – in other words, they viewed the presenters as so out of control only a supernatural force could save them.
Pre-IOOV – Power of Oppression as Anger

When Teresa was asked about her preconceived notions before the IOOV presentation, she became emotional in her description of those with a mental illness having to conceal their disorders: “It just seems like it is such --Like it’s in the dark. You don’t hear about it, you don’t talk about it. Because you kind of know like these things aren’t ever everywhere and we are really lucky to have this.”

My critical discourse analysis of Teresa’s remarks revealed expressions of mental illness as “being in the dark” and reflected emotions rooted in sadness and fear. Fear, in this instance, would be the emotion concept, a “burden” - that is, the concealment of mental illness was a psychological weight on Teresa’s mind. She went on to say that, “you don’t hear about it, you don’t talk about it.” By this, she implied that mental illness disclosure was a fearful proposition that needed to remain hidden. My metaphoric analysis was that mental illness is often invisible in the current cultural setting. Fear as a root emotion might have be described as “fear is a hidden enemy” such as fear “creeping up” on an individual without their knowing. Fear might also be defined as a “tormentor.” For example, Teresa referred to her peers being tormented by the fear that if anyone found out about their disorder, they would suffer discrimination.

Teresa voiced her opinion in a low tone and was cautious in her comments, which might be indicators of the oppressive nature of a disease that remains taboo. She also expressed directly what she believed the oppressive nature of the stigma of mental illness.

They were really shocked because it seems like the stigma, and that word is a huge thing in and of itself. But the stigma of mental health is so--It’s like an epidemic right now. I think they were just shocked because they were like, “oh well, you guys actually talk about this?” I think that is what was the shocking part is how open we all are about it because you do feel vulnerable sometimes.
Initially Teresa described the stigma of mental illness as “a huge thing.” Implicit in her statement was her understanding of the magnitude of mental illness stigma. Teresa leaned forward at this point in the interview. In a hushed voice she stated, “but the stigma of mental health is so--it’s like an epidemic right now.” My discourse analysis revealed that an epidemic metaphor compared stigma of mental illness to an infectious disease transmission occurring when an individual or population is exposed to a particular virus, and has an increased likelihood of developing that disease. Epidemic can also be likened to the spread of a collective disease with evidence showing that exposure to interpersonal contact will lead to additional episodes of interpersonal disease. From these comments, it was clear that Teresa’s response was deeply rooted in fear as well as anger. Teresa’s comparison of stigma of mental illness to contagion is significant as her thinking of an epidemic as an entity spreading like a wild fire. Teresa was expressing that epidemics are feared because they spread continuously from person to person.

Charles described not merely what he was thinking or feeling before the IOOV presentation, but provided a context for his pre-IOOV experience. He expressed this oppression as deep frustration.

You know the stigma of black people is that you have to be strong, you have to show that you are willing to work ten times harder than the next person just to be accepted, to be looked at as an equal level as our peers. And that being said, the stigma for us, it’s – mental illness doesn’t exist. It’s not supposed to exist.

My analysis of Charles’ statement is deeply rooted in the emotion metaphors for a quiet type of anger. It could be expressed as “anger is an opponent in a struggle.” Charles was battling a culturally unacceptable enemy. The deeper significance of his statement was that, due to the oppression of being an African-American male, having a mental illness was unimaginable. Charles was outraged by the fact that African-Americans have
to endlessly prove themselves, just to be viewed as equal to other members of society. It could be speculated that this oppressive threat was overwhelming to him.

Mike began his response with bravado about his lack of any anxiety before IOOV, but then he shifted his position to say that he could possibly relate to the IOOV presenters, because he might have a mental illness. His ending remark expressed a reluctant admittance of possibly having a mental illness. A notation was made as to the seriousness of the tone of his voice, and indicative of his having to admit that he was one of “the others.”

I almost have no feelings of apprehension because I know what it is like to not be able to do anything. Yeah I often relate. I don’t believe I have--I don’t personally have some of the mental illnesses that some of the NAMI presenters may or may not have. Actually I have always been a very confident person, but I think I was so used to confidence, I didn’t understand. I wouldn’t be in depression. Or maybe I was in denial. I had to have someone tell me straightforward, “Man I think you might be depressed” and my response was, “And I guess that is what it is like.”

My critical analysis of Mike’s response was perhaps one of the most powerful of the interview sequences. Phrases such as “I almost have no apprehension” hinted at Mike’s hidden fear or latent anger about stigma of mental illness. A critical metaphor for Mike’s expression could have been “fear and anger are burdens.” That is, Mike carried his anger and fear as secret thoughts with him, which he was not comfortable sharing, and thus they became a personal burden. It was possible that, according to Kovecses (2000), Mike was experiencing anger as a physical force, or as an “opponent.” Initially Mike was fighting the idea that he might have a mental disorder. However, in the final stages of the interview, Mike indicated that he had reconsidered his angry reaction, and admitted that an acquaintance had to tell him that he might be experiencing depression. My final
discourse analysis was that Mike’s description, in the last quietly spoken phrase, was a personal defeat for him, “and I guess that is what it is like.”

**Mid-IOOV – Power of Survival as Happiness**

Participants were next asked what they were thinking or feeling during the IOOV presentation. Teresa began to tell what she personally had experienced from one presenter, and her words demonstrated an attitudinal shift from her previous statements.

They presented their stories and I don’t even like saying presented because it feels too robotic. It was more like a conversation and I felt there was no distance between us. What really hit me was her memory loss because she had been through so many treatments for depression. That’s what I mean, period. I can’t exactly remember the details. But to me it was just incredible that she could stand up there and say, ‘I can’t remember my childhood.’

Teresa acknowledged that the presentations were not “robotic,” instead describing the IOOV experience as a two-way exchange. When she stated, “there was no distance between us,” she implied that there was an intimate relationship between the audience and the IOOV presenters. This might be expressed as a metaphor concept “happiness is vitality.” Teresa was suddenly full of life. Teresa used the term, “what really hit me,” which could be metaphorically expressed positively as “happiness is a pleasurable physical sensation,” as she was experiencing a physical sensation. She was deeply happy about survival of the IOOV presenter. She stated that the presenter was a remarkable human being who had the courage to stand up in front of a group, and demonstrate great courage by stating, “I can’t remember my childhood.” I interpreted the deeper meaning of this passage to be that Teresa was extremely impressed and joyful over the presenter’s honesty and forthrightness. She experienced a sense of rapture in witnessing what she
described as “incredible.” This was an indicator that thoughts, feelings and emotions of the participants were shifting from pre-IOOV to mid-IOOV.

Charles very clearly stated how affected he was by being able to witness and hear the story of an African American woman who struggled mental illness.

There was an African-American lady we had there. I was like, okay now here is somebody who understands where we’re coming from. Who knows the stigma and the shame because she wears the same color skin I do and that’s it. I’m glad that they were able to have that voice there.

My critical discourse analysis revealed that Charles experiencing happiness, appreciation, and respect for the African-American woman who shared her life as a survivor of mental illness. He was deeply affected by the fact that there was an African American speaking as a representative of the IOOV experience. He described this as a voice of all African Americans who understand the complexities of stigma. Charles’ happiness as a metaphor concept might be, “happiness is light,” or “happiness is health.” A more complex meaning of Charles’ statement was that he experienced happiness as he had bonded with a representative of the African American community. Finally, Charles’ discourse demonstrated a shift from his former fear and anger from having to hide his mental illness, as it could not be spoken of in his culture, to happiness. Charles felt that the IOOV presenter had “opened a door for him.” Charles’ statement represents a major change in his attitude about the IOOV presentation. He was beginning to experience the power of social inclusion.

Charles continued,

In the process for me personally, I sat there like--Every time she speaks I feel a different type of emotion. The first time, I really felt bad for her. I genuinely cried. The second time, okay, I am starting to put myself in her position, starting to see
where elements of my life fit in it and then this last time I was, you know, what
I understand now and I see why she feels the way she felt and why she felt this
need to share.

I critically analyzed several emotional shifts in this excerpt. He began by stating
his sadness for the IOOV presenter. A metaphor for sadness might be “sad is down,” or
sadness is a lack of vitality.” Charles continued by saying that, over time, he experienced
a change in his emotional response. He expressed this shift as the presenter’s story
allowed him to see the relevance of IOOV to his own life. Charles’ experience might have
been described as “happiness is health” because it made him feel empowered. A more
illuminating diagnosis of this quotation was that Charles initially experienced pain and
sorrow for the IOOV presenter. In a second IOOV presentation, he found himself sharing
a sense of power between the IOOV presenter and himself, seeing the way she dealt with
mental illness, and finding a sense of relief knowing of her survival.

Perhaps Mike’s analogy was the most powerful in representing a transition from
how easily stigma could be imposed on those with mental illness, to the dramatic effect in
stigma reduction once you have met an IOOV presenter with a mental illness.

I suppose it was like… You know when you get out of the shower, the mirrors are
cloudy, you can’t really see the details of the mirror, until over time it becomes
clearer --that would be how I think of it. You walk in there and you know that
is a clouded mirror, but after the time you, and maybe can even see your own
reflection.

My analysis revealed Mike’s pre-IOOV prior experience with mental illness was
frightening. An emotion metaphor concept was that his apprehension was rooted in fear,
“fear is a hidden enemy.” Mike described the foggy bathroom mirror as it cleared over
time. Mike also described the IOOV presentation as that of clearing his mind. A concept
metaphor for this experience rooted was, “happiness is light.” Deep meaning of this passage was that for Mike, the IOOV experience began with anxiety or apprehension, but shifted to happiness as the presenter shared power with audience members.

In the following comment, Mike how transformative the IOOV experience actually was for him: “So, people, you have all these misconceptions and ideas in stigma on what it is… Then you have to have that human contact -- In person that is what I think is important about clearing the fog.”

I deduced that the power of human contact in the IOOV presentation cleared up Mike’s previous apprehension, anger, and shifted his thoughts to happiness and joy. Metaphor concepts applying to Mike’s comments might include “happiness is health,” or “happiness is a pleasurable physical sensation.” I translated the powerful analogy Mike made to a foggy bathroom mirror before IOOV and a clear mirror after IOOV to mean the following: fear and apprehension keep us from understanding stigma of mental illness, but coming into contact with a person with mental illness in the IOOV presentation provided clarity and a sense of joy and enlightenment by seeing IOOV presenters as survivors.

Mike was also quite clear about the importance of actually being in the room with an IOOV person, rather than seeing a movie or video about a person with mental illness.

So it’s like when you’re behind the camera, you are detached from the emotional context and watching through like a TV screen or video. You are not connected and don’t have that connection. When you put the camera down you actually, you enjoy the wedding party and the family and you are taking part in it. It is much more powerful because you are in the moment. So that’s a perfect analogy to make.
My critical deduction was that Mike was convinced that he had first-hand experience with a person who had a mental illness was a significant factor in reducing his own stigmatizing attitudes. He described coming into direct contact with an IOOV presenter as receiving proof that a human being experiencing mental illness could survive. In this context applicable emotion metaphors were, “happiness is health,” and “happiness is a physical force.” This meant that Mike might have experienced physically feeling better. Also, Mike seemed to believe that “physicality” – meaning human contact - could not be replaced by remote experiences – the media, movies, or televised events. This supports the hypothesis that IOOV presenters not only make contact with the audience, but also share and transfer their power of survival to the IOOV attendees. This transfer of power begins to transform the audience from feeling apprehensive or angry over oppression to the happiness of knowing that the IOOV presenters not only tell their stories, but invite the audience members into their own existence.

Teresa, the first participant, expressed her admiration for a person with a mental illness who fought his/her way through life and managed to emerge as a functioning human being: I don’t think I could’ve imagined that person recovering because just get the picture, that person was struggling and that person was hurting and to see her so strong and poised and personable and she’s talking to us is incredible. That was hope, like, magnified.

In this exchange, Teresa was brimming with joy as she described her shift from her apprehension of seeing someone living with mental illness, to the realization that surviving mental illness was possible. Teresa’s experience was deeply rooted in the emotion of happiness. Her happiness might have been conceptualized as “happiness is a captive animal.” Teresa’s feelings of happiness “broke loose” as Kovecses (2000) describes happiness is released from a constraint. She didn’t hold back her emotions.
Deep below the surface, Teresa might have experienced the power of human endurance and recovery.

**Post-IOOV – Power of Redemption as Love**

Finally, students were asked about what they were thinking after attending the IOOV presentation. Findings revealed a sense of ebullience, buoyancy, and a celebration of life. They shared compelling stories of having former fears and anger, and felt that they had been rescued from their anxiety and oppressive existence by having witnessed the IOOV presenters. For example, Teresa stated the following:

> I remember everybody was so captured and I mean you could hear a pin drop, and maybe even something smaller, because everybody was so completely captured. When you are in that environment you know what is being said and it is powerful and you experience that power and know that.

The silence in the IOOV environment had tremendous impact on Teresa. Teresa stated that the silence was so thick, “you could hear a pin drop, or even something smaller.” She further described the IOOV presenters as drawing the audience members in. An emotion metaphor concept for this union of presenter and audience might be “love.” To describe her expression, I selected “love is a unity of parts.” The IOOV attendees felt that they were as “as one” with the presenters. Teresa noticed that the audience members remained motionless as an IOOV presenter captured audience members’ full attention. By sharing these intimate life stories, the IOOV presenters had broken the authoritarian paradigm of “teaching” and instead created equal exchange of presence – presenters’ stories in sync with audience members’ silent approvals.

Charles also shared his reflections after the IOOV presentation:
So bring it back to this, before you do say that a person is crazy, maybe you do remember a talk like this and you are like --Well now, those people look totally normal and I never would’ve guessed what happened to them in the past, and maybe now when you’re walking around and someone tells you, advising you before providing judgment of the, and you’re saying you’re just plain crazy, maybe you instead would tell them I have seen what you have seen. I would leave thinking that my interaction with these IOOV people might have kept me from depression, like maybe harming yourself.

My critical theory probing found that Charles had experienced peoples’ stigmatizing behaviors, never even having come into contact with a person with mental illness. Charles believed that the IOOV presenters’ ability to relay their life stories with mental illness had even thwarted a possible audience member suicide. IOOV had become a metaphor for redemption. I chose the figurative metaphor, “redemption is love,” for this passage. Kovecses’ (2000) metaphor concepts for love in this passage could be, “love is a bond,” “love is fire,” and “love is magic” (Kovecses, 2000, pp. 26). This represents a significant shift from participants’ seeing IOOV presenters surviving mental illness to presenters reaching out to audience members to include them in their IOOV narratives.

Charles continued with this comment: “Not only is it heartwarming, [but] people draw strength and perseverance--like you know what, if this person has gone through the wringer and they seem to make it on the other side, there is no reason I can’t.”

My linguistic analysis was that audience members had experienced a positive reinforcement to live—they learned through the participants’ stories that they, too, could make it. This sense of salvation was deeply rooted in the emotion of love. Perhaps in this context love would be described as, “love is a journey.” That is, “it’s been a long bumpy road.” Also, another apt concept would be “love is a bond,” as the audience members
shared a closeness between themselves and their viewers, bonding over their common experiences. It appeared that when IOOV power had been exchanged and IOOV love had been infused, audience members felt a sense of redemption and freedom.

Mike also described his reaction of feeling redeemed by being in contact with someone who has managed to emerge scarred, but saved, from mental illness stigma.

Yes that’s exactly, exactly it. You’ve grown up your whole life -- people seeing you as some type of weird person. Perceived as being --Well and it isn’t until you are doing better that you -- and here they come out of it and they are still so decent despite the fact that there were so many negative expectations. If they can do it, I can do it.

Upon critically analyzing the IOOV transcripts, I realized that presenters and audience members might have even exchanged identities—that is, they had taken on the presenters’ survival and it had become part of their story as well. A metaphor concept for this transition was “love is a unity of parts,” as audience members believed that the power of surviving mental illness had been transferred to them by the IOOV presenters. “Love is a nutrient,” seemed aligned with audience members feeling spiritually nourished by the IOOV presenters. Finally, in this exchange the audience members were renewed.

When Mike reflected on how he felt after the IOOV experience, he was forceful in his answer.

Those presenters said, you are not going to allow yourself to get away, so not only are you understanding my situation, you also are not going to allow me to use that as a weakness. You have to have accountability and responsibility. That’s what it did to me. So that’s incredibly validating.
Mike realized that the IOOV presenters’ presentation was so powerful that he felt not only human contact, but recognized that the IOOV stories were directly related to his life. An emotion metaphor for this intimate relationship is love. In this context, love is described as, “love is a unity of parts,” as Mike felt he was one with the presenters. He experienced a sense of redemption in having his life linked to the IOOV presenters as “Love is a bond.” The deep meaning for this passage might have been that a strong relationship and a deep bond were formed between the attendee and the IOOV presenters. This audience member felt a sense of being rescued from weakness, and was inspired to be accountable for his own life.

A final question was asked about the power of human contact in the IOOV presentation as a force for living a meaningful life. Charles’s response commanded full attention.

I might be able to pass out pamphlets. But those pamphlets could easily be thrown away. They could look at me, thank you for the interest, and toss it. But if I’m talking with someone face-to-face, one-on-one like I am with you right now, and tell them my story, and allowing myself to open up to them, it forces them to listen. It forces them to be like, ‘oh crap, this is actually real.

I found that this passage had a direct affirmation of the power of human contact as being in close presence with the IOOV presenters. These expressions of intimacy were rooted in the emotion of love. In this context, “love is transformative.” My interpretation of the deep meaning of this passage was that human contact is as powerful as a physical shock. The redemptive value of feeling propelled by love was described as a physical metamorphosis.

Charles offered closing comments on the power of human contact.
I will say one thing to end it. For the people who do not believe that human contact is the single greatest outline factor for reaching out to others, they can’t see the power of talking to someone face-to-face is more beneficial and more powerful than ever talking to someone over the phone or online, then I honestly think there are some bigger serious issues involved.

**Structural Analysis: The Focus Group**

The focus group was conducted with five participants, each member seated, forming a semi-circle. The dialogue text and talk were coded for critically relevant passages, and patterns and emergent themes from words, sentences, and phrases. Following are three sections, pre, mid, and post-IOOV interviews. The pre, mid, and post-IOOV focus group discussion follows the interviews.

The first participant was Nancy, a young woman majoring in psychology. The second participant was named Christine, majoring in sociology. The third individual was Richard, a journalism major. The fourth participant was Susan, a psychology major transfer student, and the fifth was Linda, a young woman reporting an undeclared major. Each of the following focus group quotations will include an introductory statement, the name of the participant, and critical discourse analysis of their individual or collective text and talk.

**Pre-IOOV – Power of Apprehension as Fear**

The interviewer wanted to hear what the participants thought, felt, and how they had been conditioned by society to have preconceived apprehensions before the IOOV presentation. Nancy moved forward in her chair, making sure that she had the attention of every member of the focus group. She stated, “I was so nervous, but like nervous and
excited…because I run towards danger, because I need to hear other peoples’ stories to know the opposite side.”

My analysis revealed that Nancy was conflicted and expressed this in terms of apprehension. The emotion metaphor of nervousness or apprehension is fear. In this context, fear might be named as “the subject of fear is a divided self,” indicating that Nancy was extremely fearful. Nancy described herself as running towards danger, making her both nervous and excited at the same time. An emotion metaphor for the complexity of these feelings might be “fear is an opponent in a struggle,” indicating that fear had taken hold of her. Additional meaning of this passage was that in spite of conflicting emotions, Nancy stayed for the IOOV presentation because of the need to experience other people’s lives with mental illness.

Susan immediately responded to Nancy in agreement, and added her additional feelings of anxiety.

I’m so fresh out of recovery and I’m still very new. I was really scared feeling triggered. I didn’t know what the topic was, too, and I worry about that a lot because I know my vulnerabilities. Like trying to get people to come to the NAMI presentations that you know they might find an interest in, or something. What are they going to do? Diagnosed me? Only crazy people go to a mental health club.

I detected the language of anxiety deeply rooted in the emotion of fear. Metaphor concepts for Susan’s expressions of fear might be, “fear is a fluid in a container,” meaning that the room environment represented great fear. Or perhaps her anxiety was best represented by the emotion metaphor, “fear is a tormentor,” Nancy was consumed by the idea that she could not predict terrible things that might happen during an IOOV presentation. Also, Nancy expressed vulnerability compounded by fear of the unknown.
She was afraid that she did not have control over what others might do or say. Her final comment indicated increased anxiety about possibly being singled out for embarrassment.

Christine brought additional feelings and emotions to the dialogue she anticipated the IOOV presentation: “Yes, it is kind of nerve-racking the first time you come in. Yeah, because it is mental health and it is really hard to walk into… And say ‘hey is this the mental health club on campus?’ I remember being so scared…” My analysis was that Christine used the term “nerve-wracking” as a metaphor for raw nerve endings. A metaphor concept for nerve-racking might be “fear is a fire,” or “fear is an opponent in a struggle.” Looking deeper into her expressions, Christine was very reluctant to be associated with the presentation and mental health on campus in general. Christine was afraid of being stigmatized as a member of a mental health club.

The tension in the group escalated as Susan quickly added, “I wanted to ask, was how did you go through it, and how are you handling yourself, and how are you now and what are you doing now in the present moment? So I was really, kinda fearful of ‘what if I can’t handle this?’ I had my therapist on speed dial.

My critical analysis found that Susan was anxious about asking IOOV presenters about their lives with mental illness. An emotion metaphor concept for this expression might be, “fear is a physical force,” as Susan was consumed by the fear that the IOOV presentation would trigger emotions that she could not handle. Delving deeper, this passage could have meant that Susan, being newly out of recovery, was exceptionally vulnerable to painful reminders that she had previously experienced in therapy.

Christine added to the intensity of the conversation by wondering what could possibly happen to an IOOV audience member if they were confronted with an additional disturbing event. The following excerpt was nervously blurted out.
So this girl, was sitting across the table from me and she said, “I just want to slit my wrist right now.” “I think a lot of people – like her personally, she is really shut off kind of person. So if she attended the presentation and it is over I wonder – I think she would have internalized it and maybe thought about a few things differently.

I sensed that Christine was anxious about all aspects of mental illness. She appeared to be hypersensitive to an IOOV audience member being possibly suicidal. Emotion metaphor rooted in this fear might be conceptualized as, “fear is an illness,” meaning Christine was physically affected by fear. Christine added insight by wondering if people could not control their emotions during an IOOV presentation. Christine also might have implied that her coming into contact with a peer, threatening to kill herself, might cause her to become physically ill. Linda added, “I think she would have. That presentation is powerful.”

I discovered that persons attending the IOOV presentation might be initially anxious and express this fear in an extreme way. An emotion metaphor concept for fear in this context might be, “fear is a natural force,” in that this attendee felt engulfed by panic. It could have also meant that even with the greatest expressions of fear, the IOOV presentation significantly reduces apprehension.

Linda, who had been quiet during this pre-IOOV discussion, relayed this powerful statement. The stigma around it and I was doing my own kind of thing. It was kind of weird finding out that people were doing the same thing I was doing by myself. You know… There are more of me - Clones of me, twins of me.

All five responded, Yes.
I realized that an affirmative answer from the group could be conceptualized as fear was apprehended. An emotion metaphor for this could be, “fear is a hidden enemy,” as someone hounded by fear. “The subject of fear is a divided self” greatly remediated by an association with those experiencing a similar situation. The significance of this passage was that coming into contact with peers experiencing the stigma of mental illness, fear is diffused by their recognizing similarities in each other’s’ experiences.

**Pre-IOOV – Oppression as Anger**

The focus group participants discussed multiple metaphors of stigma, bias, and the oppression of societal power to marginalize those with mental illness. They could be summed up in Christine’s comment that shocked and saddened the group. She herself has a mental disorder, but chose not to reveal the exact nature to the group. In an angry and disgusted tone of voice Christine stated two quotes that many students on campus use. She said, Of course my absolute favorite is ‘the weather is so bipolar’ or ‘it’s just my OCD.

My critical analysis was that people’s understanding of a bipolar disorder was that it is a wild fluctuation, something that cannot be controlled. A critical metaphor analysis of “it’s just my OCD” might be that a person repeating an action over and over, without being able to control it, refers to it as obsessive-compulsive disorder (OCD). However, the most crucial aspect of Christine’s passage was the anger she projected when making this statement. Christine had felt the sting of oppression. An emotion metaphor for Christine’s might be, “anger is a hot fluid in the container,” meaning that she was boiling over with anger. Or, “anger is fire,” meaning that her anger was smoldering. Digging deeper, this passage meant that persons using stigmatizing metaphors of mental illness in colloquial expressions use the power of language to create oppression. By making light of bipolar disorder, the speaker trivializes the gravity of the
disease. By defining OCD as merely a repetitive motion, meant that the speaker used the characteristics of a serious mental disorder, completely misinterpreting its debilitating aspects. These stigmatizing comments are the hallmarks of the power of oppression and the resulting anger of those who are currently suffering from one of these disorders.

**Mid-IOOV – Survival as Happiness**

The tone of the focus group changed dramatically as the participants described their transition from anxiousness to contentment, as they bonded with the IOOV presenters. Richard began with this account.

The one thing that comes to mind, in one word, in that room during the presentations is honesty. You know these two people baring their life story about something so intimate, so raw, that… Into a group of complete strangers basically. And just the courage that it takes to do something that is really empowering. It is intense.

My linguistic analysis revealed a sense of satisfaction over “two people baring their life story.” Richard went on to describe IOOV presenters revealing something so “raw.” Richard expressed a sense of well-being because IOOV presenters had transferred their power to him. Richard used both the words “intimate” and “intense” to express deep emotion. Metaphor emotion concepts for this passage were “happiness is light.” Additional metaphors were “happiness is vitality,” “happiness is warm,” “happiness is health.” These three emotion metaphors described Richard as being alive with joy, feeling warmth between himself and the presenters, and stating that the IOOV presenters made him feel great. The significance of these words meant that Richard was deeply affected by and consequently made happy during the IOOV presentation. He felt a sense of intimacy, warmth, and the intensity of interpersonal contact. Moreover, the IOOV presenters had
shared their power as authority figures with audience members, thereby dispelling a hegemonic transaction.

Christine immediately added her reaction to IOOV:

I went on I came straight out of high school a year ago, my life was different and so experienced In Our Own Voice very differently. In one word? Eye-opening. Can I mention another thing in the one I went to it Sacramento State I actually remember a student that had gone because he had heard about it from a bunch of people whose friend was actually considering suicide. Andy said, “this allows me the opportunity to approach my friend and how to do it and how to go about saying, I’m concerned for you” and in that room lives changed, that’s what I can truly say.

My discourse analysis of this quotation revealed that Christine expressed her surprise during the IOOV presentation by saying that it was, “eye-opening.” The metaphoric analysis of this expression is that Christine’s experience had changed her. An emotion metaphor concept for her happiness might be “happy is light,” as Christine nearly glowed from the news. Or perhaps, “happiness is health,” since the experience had greatly affected how Christine felt. Christine concluded her remarks by stating that because of the IOOV experience, “lives changed.” Christine had even witnessed her own transformation. Formerly, Christine had expressed more apprehension before the IOOV presentation then any of the other participants in the study. She had stated that, “I have my therapist on speed dial.” Christine had indeed experienced a shift from her preconceived notions of IOOV presenters possibly triggering her mental disorder’s sensitive points. She transitioned from this fear to expressing her sense of well-being by noting that audience peers had experienced a life-changing event. My critical theory analysis was that Christine, who had formerly been anxious about the IOOV presentation,
shifted her attitudes and preconceived notions of discrimination, describing her shedding of stigmatization as cathartic.

Susan explained an attitudinal shift might take place when a person witnesses an IOOV presenter who relates to their lives with mental illness. Even though the presenters understand the possibility that they will be stigmatized, Susan adds that they had the courage to speak out.

Whenever you reveal your vulnerabilities to anyone that takes courage. The fearful thing about the intimacy is that they won’t treat you the same after they find out something about you. In the IOOV presentation there is no judgment from the speakers onto us.

My discourse analysis found that the power of the IOOV presenters created an environment so intimate, that it established trust between the presenters and the audience members. Susan expressed her relishing the idea that the IOOV presenters passed no judgment on the audience participants. Happiness emotion metaphors in this context might be “happiness is a pleasurable physical sensation.” Susan felt equality between herself and presenters, established by the IOOV speakers. Susan was “moved.”

Linda, who had formerly acknowledged her thoughts and feelings of apprehension prior to the IOOV presentation, stated that she had felt isolated. She described multiple self-stigmatizing thoughts and subsequent behaviors that kept her from socializing with her peers. In the following quotation she began to change your perspective: “I mean I don’t know but maybe-- to give someone else hope. Or if they did, to know that it’s okay to feel whatever you are feeling but also that there is power to overcome. That there is strength.”

This statement invited the following verbal exchanges. In an emotional declaration Christine offered this thought. “If anything, maybe I could be an aid to what’s
going on. After In Our Own Voice, I wasn’t scared anymore.” Linda and Christine had come into the IOOV presentation with preconceived notions that they might be negatively affected by what the presenters would say. Both Linda and Christine had experienced a profound change during the IOOV process by stating that the presenters had empowered them, given them strength and courage. Christine added that she might even be able to help others. Most importantly, she said, “I wasn’t scared anymore.” Emotion metaphor concepts for these feelings of happiness and contentment might be. “Happy is up,” metaphorically expressed as both participants felt uplifted. Insight into this passage could have been that both participants had experienced previous fears that not only shifted to a sense of inclusion and happiness, that fear was eradicated and they would become mental illness change agents themselves.

**Post-IOOV – Redemption as Love**

The focus group interaction for the post-IOOV experience was indeed challenging to analyze. The group began speaking in measured voices. Soon, however, the dialogue exchange became emotionally charged. Each comment or description from a focus group member was intensified by yet another participant’s comment. Focus group members were polite during the discourse, but often interrupted the conversation with deeply personal emotional accounts. During the heated descriptions of feelings rescued by IOOV presenters, two of the group members began to quietly cry.

Jacob and Christine engaged in a mutual exchange of their thoughts and feelings after attending an IOOV presentation. Jacob began, “I would imagine it would be like finally been able to see the light at the end of the tunnel.” Christine added, “You finally would see that glimmer of hope and you have a direction--it’s like having a second wind or being on a runner’s high.” Each of these speaks to the participant’s rendition of their personal survival and redemption. “Seeing the light at the end of the tunnel,” expressed
relief from fear, and love for the IOOV presenters. Love as emotion metaphor might have been conceptualized as, “love is a nutrient,” as someone who had been starved for love and had received it, or “love is a captive animal,” as participants had a glimpse of salvation and let go of their feelings. Christine expressed profound happiness by likening this feeling to “a runner’s high.” This feeling of euphoria is represented by the metaphoric conceptualization, “love is rapture/love is a high.” The participants expressed a great hope and a sense of direction offered by the IOOV presenters. The participants felt they had been spared.

All five members were passionate in their descriptions of the impact of the IOOV presenters telling their stories of a new and fruitful life. Nancy gave her opinion in a soft and reflective tone.

Or even if not in themselves, they see us as friends or family members, like that one student, he sees his friends lost, floating, going through the motions of life and when you have someone like that, name it, and just say like “this is what you can do” then it does put a focus on it and it is like a light at the end of the tunnel.

Here, Nancy makes critical metaphoric references to those having mental illness as being lost or floating. As the participants experienced a sense of being rescued or feeling a sense of salvation rooted in love, emotion metaphors might be described as “love is magic,” as they might have felt enchanted. “Love is a natural force,” might have metaphorically been expressed as participants may have felt that they were swept off their feet. “Love is rapture,” as participants felt as though they were euphoric about witnessing those with mental illness as so inspirational in leading a full life. An emotion metaphor for this experience is “love is a journey,” as participants described the end of a long, bumpy road. My interpretation of the deep meaning for this passage was that the IOOV
experience offered a sense of being saved from the inevitability of living a hopeless life with stigma of mental illness.

When the focus group reflected on the impact of the face-to-face format of IOOV, Nancy was very emphatic about being affected by the atmosphere in the room during and after the presentation. The focus group nodded in agreement.

Tying it back to what you were saying with the noise. Nobody was touching anything, nobody was fidgeting, some people stood up and sat down again, and didn’t even take any pizza. I think that’s what the personal aspect does. Because if you are sitting at home on the computer watching it, you could multitask doing all these other things. Nobody moved in that room because they were so – focused.

This degree of focus might be interpreted as the group’s own redemption deeply rooted in love. Any emotion metaphor for love, in this particular context might be “love is a unity of parts,” as the participants felt they were united with the IOOV presenters. Further, “love is closeness” is also applicable, as participants felt drawn in to and very close with the IOOV presenters. A third interpretation includes “love is rapture,” which metaphorically represented the participants being so deeply engaged that they were experiencing a deep bonding with the IOOV presenters. Upon further reflection, this passage might have meant that participants were so moved by the IOOV presentation that not even one audience member stood up, and no one even participated in the luncheon at the back of the room. This clearly underscored the power of one-on-one contact.

Christine raised her voice to emphasize her next remark. The group was greatly impacted by her candor.

Holy crap, you are brave. I’ve actually sat through discussions with men regarding mental health, and it is just really empowering because they talk about how they were raised not to show these things-boys don’t cry, boys are tough, you know.
And to fight against that your whole life with mental health issues that are already stigmatizing it up. It’s just rubbing salt in the wound and just another hurdle for them to overcome because it’s just not, is just not what men in our society do.

Christine experienced a sense of redemption in that these men absolved her of her own bias. The IOOV presenters had empowered her with their stories of struggling with mental illness. This sense of emotional connection was represented metaphorically as love. Conceptual metaphors might be, “love is a unity of parts,” as participants felt they were as one with the presenters. Participants felt fused together with the presenters. An even more critical analysis of this passage was that stereotypic labels and beliefs may be reversed and conquered by those who are courageous enough to reveal vulnerabilities. Christine felt a sense of salvation in knowing that if these gentlemen could be transparent, so could she.

When asked about the power of human contact in saving or absolving those from preconceived notions or stigmatizing attitudes Susan added the following statement.

I went to a ton of Ted talks and stuff like that and yeah it draws me in, but there is nothing like having a person, having a conversation, sitting down, hearing someone’s story and seeing it physically. Feeling it physically what happens in your body and your own response. That’s that, there is not that connection when it is on the screen or movie, or when it’s just like listened to.

The entire focus group responded. “A body and a face.”

Susan described the physical sensation of contact that was translated as love. “Love is a nutrient,” as participants felt revitalized by the power of contact during the IOOV presentation. “Love is a physical force,” as participants were magnetically drawn to the IOOV presenters. Participants expressed that this deep emotional bonding could not be experienced in a media presentation. “Love is a natural force,” indicated
that participants were swept up in the natural force of being in human contact. More meaningful analysis found that this passage meant that human contact could be displaced by modern day media that purport to duplicate human interaction.

Christine gave an articulate account of how she felt about having actual contact with the person who was experiencing a life with mental illness.

But there is still something and must be some basic human biological need for face-to-face contact and I think we get so far away from that because there is some timeline and videos and just everything. And there is still something just about that human connection that’s the reason we need to have personal relationships.

The IOOV presenters demonstrated deeply personal connections to the audience members. The sharing of power between presenters and audience could be metaphorically conceptualized as love. “Love is a unity of parts,” as participants felt they were as one. In other words, participants felt inseparable from the presenters. Further analysis of this this quotation was that Christine, and other focus group participants, felt so deeply connected to the IOOV presenters that they experienced a type of biological fulfillment. In addition to being rescued and forgiven for their stigmatizing behaviors, some basic need for human contact had been met. In contrast, Jacob maintained his assertion that he was not particularly affected by the IOOV presentation. Yet, he closed the post-IOOV session with this deeply personal response.

[I haven’t changed] anything in my thinking, but I have seen changes in my peers. The NAMI members seem to feel more comfortable and it is a beautiful thing. More comfortable letting us know what they had been battling and you know you could almost see just the burden lifted off their shoulders of just ‘aahhh.’ I would like to experience that too.
Jacob had used a metaphorical reference to the weight of stigma of mental illness as being “lifted off of the shoulders” of IOOV presenters. A metaphorical concept for this expression might be, “love is a physical force,” as love lifted a burden off of a person’s body. Jacob expressed a desire to have the same feeling of love and serenity. An emotion metaphor concept could be “love is war,” in describing that a person had conquered an enemy. Another interpretation might be “love is transformative,” as Jacob felt that by being given the power of self-healing, he might experience the power of freedom. Upon further analysis this meant that Jacob had started out stating that nothing in his thinking had changed, yet concluded with the most powerful statement made in the post-IOOV session. He wished for the ultimate tranquility that he had witnessed as IOOV presenters shared a cathartic experience with audience members. Because there had been a bond created between presenters and audience members, there existed a sense of equality and mutual admiration between both groups. The IOOV presenters had achieved “core equilibrium.”

The focus group’s disclosure of the intense emotional effects following the IOOV presentation were analyzed critically. Emotion language is predominantly figurative and finds its roots in metaphoric expressions (Kovecses, 2000). The emotion metaphors found in the final dialogue of the focus group form a scenario of human beings drawing power from others experiencing similar stigmatizing attitudes and behaviors. This focus group analysis revealed a complex set of cognitive linguistic structures. This group catharsis appeared to signal the end of the group members’ self-stigmatizing perceptions of being “the others.” The members described this journey as traveling through a long, enclosed space--a tunnel--and only finding redemption an exception by the light at the end of this long and arduous venture. Moreover, the group members described having a mental illness as “floating,” which suggests some feelings and thoughts of not having control over their lives.
As an important finding, the focus group described the power of human contact. They joined each other in describing the power of human contact as “a body and a face.” One focus group member went on to say that people must have a biological need for human connection. Metaphor emotion concepts might have been “love is a journey,” as it’s been a long and difficult road. But now we are one. We are inseparable. We are fused.” Most importantly, focus group participants marveled at the IOOV presenters’ ability to transfer the power of authority to audience members. The focus group ended with a final “aahhh” which signaled a mutually-felt sense of shared power and personal redemption as the IOOV presenters had convinced the focus group that they would not only survive, but that they would crush fear and oppression, and would embrace a new life.

Summary

These findings reflected research participants’ responses to interview and focus group questions in a pre, mid, and post-IOOV format. In the critical discourse tradition, the linguistic analysis and interpretations were written from a critical theory perspective. Participants’ reactions were noted to be such strong emotional responses, and further sub-coded—metaphor emotion concepts. Four themes emerged from the discourse of emotion metaphors. First, participants expressed apprehension towards the IOOV presentation. Second, they cited the oppression of hiding the taboo subject of mental illness. Third, participants rejoiced and found happiness in the life stories of the IOOV presenters overcoming the difficulties of living with mental illness. Finally, participants felt a sense of being rescued and redeemed by the inspiring remarks of the IOOV presenters directing the audience members to live full and successful lives.
This transformative experience was tracked by critically analyzing the language of the IOOV presenters. The IOOV presentation was not a monologue of their life stories, but a conversation that imbued the audience with power and a sense of becoming part of the IOOV experience. The IOOV presenters had constructed an equal environment, thereby creating what I termed “core equilibrium.”
CHAPTER 5

DISCUSSION

This research study was an exploration of American college and university students’ stigmatizing attitudes towards mental illness. The study’s research participants, from California State University, Sacramento, attended an anti-stigma presentation named “In Our Own Voice” (IOOV). It was anticipated that the participants’ stigmatizing views of mental illness would improve after experiencing the IOOV presenters’ physical presence and their descriptions of their lives with a mental illness. Following the IOOV presentation, three participants were interviewed and a five-member focus group held a discussion. Questions for the interviews and focus group had been designed to investigate participants’ preconceived attitudes toward mental illness before the IOOV presentation, and to record their attitudinal shifts towards stigma of mental illness after the IOOV presentation. The interviews and focus group session revealed that the IOOV presentation had far greater impact on these participants than they or the researcher had expected. A Critical Discourse Analysis (CDA) of the participants’ text and talk found a participant linguistics of fear and oppression before the IOOV presentation, use of survival language during the IOOV presentation, and participant expressions of catharsis after the IOOV presentation.

This study’s research questions were, “What are the preconceived notions of college student stigma of mental illness before the IOOV presentation?” “What are the attitudinal shifts of college student stigma of mental illness following the IOOV presentation?” Because of the participants’ lengthy and descriptive narratives during
the question and answer process, a third research question was added. “What are the changing perceptions of college student stigma of mental illness during the IOOV presentation?”

Before the IOOV presentation, participants reported feelings of apprehension, caution, guarded curiosity, and even a deep-rooted fear of mental illness. During the IOOV presentation it was noted that the participants’ stigmatizing assumptions about the IOOV presenters were beginning to change toward an acceptance of, and even admiration for the IOOV presenters. Participants stated that, not only did they find the IOOV presenters courageous, but they themselves felt a sense of acceptance and reciprocity from these speakers. Additionally, the participants felt a sense of hope and experienced a personal transformation, as the IOOV presenters had not only shared their life experiences with the audience members, but had transferred elements of their personal power to them. By employing discourse that was non-authoritarian, IOOV presenters skillfully created an atmosphere of inclusion and established equal status with the participants. The participants stated that they experienced a sense of tranquility and deep happiness in having witnessed the reduction of their own stigma of mental illness during the IOOV presentation. Not only did the participants report attitudinal shifts towards college student stigma of mental illness, but also expressed optimal hope for their own journey through life.

Five key findings were obtained from the participants’ interviews and focus group talk and text. The first finding was that attitudinal shift drove this research study. The degree to which participants had experienced a life-altering change in their perceptions of mental illness provided the answers to the study’s three research questions. The second finding indicated that power was the dominant discourse in the participants’ text and talk. In the tradition of Critical Discourse Analysis (CDA) and subsequent Critical Metaphor Analysis (CMT), it was discovered that the participants’ responses before IOOV were
related to power – translated in their verbalizing fear, apprehension, and aspects of societal oppression. During and after the IOOV presentation, power and domination had given way to equality between the participants and IOOV presenters. The third finding was the unexpected depth of emotional responses from the participants before, during, and after the IOOV presentation. CDA methods at this juncture required not merely a metaphoric analysis, but a much deeper coding paradigm found in the work of renowned linguistic researcher Zoltan Kovecses’ book, *Emotion Metaphor Concepts* (2000). The fourth finding to emerge was that although the contact hypothesis was not dominant in the initial interviews’ discourse, but became so during the remainder of the course of the interviews and the focus group. One-on-one IOOV human interaction with the college student audience members had engendered a profound attitudinal shift in these participants’ stigmatizing belief-system of persons with a mental illness.

The fifth finding and most central to this research study was that the FINIS conceptual/theoretical framework might have a significantly flawed premise. FINIS named the micro level as significant, the meso level as equally important, but emphatically named the macro level as the most powerful and influential of all three stigmatizing influences. Yet, this research study displayed evidence of the meso level, the forces of social interaction - the contact hypothesis - reflected in the IOOV experience in this study, as having the most profound impact on college student stigma of mental illness. The researchers (Pescosolido et al., 2008) who designed and implemented the FINIS framework might pay heed to the deeply emotional and transformative effects of these college student participants experiencing one-on-one human contact with the IOOV presenters and those living with mental illness in this stigma study.

Chapter 5 presents key findings in this investigation and their relevance to this research project. It also outlines implications from the study for Education - for college administrators’ programming priorities, public education policy makers, and state and
federal legislators. Chapter 5 then addresses action for future research on how stigma keeps college students fearful of psychological assistance and the significance of the contact hypothesis for this age group. This section also notes the paucity of critical theory research in interpersonal communication, and the promise of a futuristic critical/theoretical paradigm for preventing a global escalation of mental illness. Chapter 5 concludes with a call to action for college and university stakeholders to have a sense of urgency in planning mental health anti-stigma programs for future college and university students.

Discussion of Key Findings

Attitudinal Shifts

This study was designed to investigate the preconceived notions of college student stigma of mental illness before the IOOV presentation, and college students’ attitudinal shifts toward mental illness after the IOOV presentation. Upon critically analyzing the text and talk of the students’ interviews and focus group, it became apparent that there was a major attitudinal shift towards mental illness stigma not only before and after the IOOV presentation, but throughout the experience. Quotations were drawn from the text in the following three examples as key phrases depicting the attitudinal changes.

A pre-IOOV participant stated, “the other lady said, ‘like these two people are really crazy people. They need Jesus.’” Mid-IOOV, the same participant commented, “I understand now why she feels the way she felt.” Post-IOOV, the participant offered, “I will say one thing to end it. For people who do not believe that humankind is the single greatest outlying factor for reaching out to others, they can’t see the power of talking to someone face-to-face is the most beneficial… Honestly I think there is a bigger issue
involved.” This discourse is compelling in its content - that the participant’s face-to-face contact with a person having a mental illness was a powerful force for reducing stigma.

A second participant expressed a change in her perceptions beginning with her apprehension of the IOOV presentation as possibly creating a hostile environment, and shifting to her feelings of hope and joy over the IOOV presenters’ stories of survival, culminating in her final comment, “I don’t think I could’ve imagined that person recovering because, just get the picture, that person was struggling.” The participant felt that the IOOV presenter was speaking directly to her and found that as she could relate more directly to the presenter, she felt that this person was even more poised and strong. She concluded with, “that was hope, like magnified.”

A focus group participant expressed similar feelings and thoughts of attitudinal change. Most of the members of this group had experienced fear and anxiety before the presentation. One focus group member stated that she was very worried that her peers would remember her bout with anorexia. That same member went on to say that the presentation was so “raw” that she was actually physically affected. This focus group member allowed the participant sitting next to her to express his inspiring remark: “It’s like the light at the end of the tunnel,” and “like having a second wind, being on a runner’s high.”

This research study’s analysis offers possible explanations for these dramatic shifts. First, participant apprehension disappeared because of the absolute silence in the room during the entire IOOV presentation. Moreover, the IOOV presenters were “real” and offered “no holds barred” revelations of their personal experiences. They told audience members that their life with mental illness had been rough, but with perseverance and professional help they were able to resist the temptation to become victims of circumstance. However, the most profound and powerful aspect influencing attitudinal change was that the IOOV presenters had invited the participants into their
world. They revealed their personal struggles thereby dispelling the participants’
expectations of them as authority figures, who could have easily engaged in
condescending discourse. The participants were taken aback by their own metamorphosis
that not only included the acceptance of the IOOV presenters, but also their own
verbalization of deeply emotional responses. They were profoundly drawn to the
presenters’ victory over one of life’s most intimidating illnesses. One might speculate that
an “attitudinal shift” did not adequately explain what had happened in the presentation.
This study is suggesting that participants and IOOV presenters were affected by the
level of intimacy between the two interactive forces in such a way that they described
feeling and being in the other’s life experience. The attendees started to imagine
themselves living this kind of life. The IOOV presenters began to refer to themselves as
approaching normalcy.

This research study also showed however, that contact theory researchers may
be overcomplicating the contact experience. A casual setting, simple and direct contact
opportunities with the IOOV presenters, and observant participants had produced strong
evidence of destigmatizing effects. Following the presentation, participants spoke
excitedly about their own catharsis, while also expressing admiration and respect for
IOOV speakers who had been so candid. The IOOV presenters had “equalized” the
environment by remaining open and accessible.

**Power as Dominant Discourse**

Critical Discourse Analysis (CDA) of the participants’ interviews and focus group
transcriptions revealed that power and its role in treatment of the mentally ill, emerged
as the dominant discourse. By critically analyzing the linguistics, metaphoric references
displayed a shift from participants’ apprehension and feelings of oppression before the
IOOV presentation, to hope and joy during the presentation, and to respect for, and
admiration of the IOOV presenters after the presentation. Prior to the presentation, the participants shared that they had been suspicious of the IOOV presenters as authority figures who might coerce them into a type of “mandatory compassion.” Participants were also nervous about the reactions of audience members who might be hostile or aggressive. This previous quote revealed deep emotion through CDA, metaphors such as “I was fearful of going in there,” and “I was so scared, I had my therapist on Speed Dial,” reveal the participants’ anxiety about the IOOV presentation. This participant continued by saying that audience members might outwardly stigmatize her, causing her to leave the room. These are metaphoric expression of “fight or flight” mechanisms. She also stated that the IOOV presenters might speak in a condescending way – a linguistic metaphor for power and control.

A critical analysis of the mid-IOOV presentation found participants beginning to feel emboldened by the IOOV presenters’ stories of strength and courage. One participant used the deeply emotional metaphor for empathy by stating, “the first time, I genuinely cried. The second time I was starting to put myself in her place;” and, “it is so raw, and just the courage that it takes to do something, that is really empowering.” The discourse analysis of the participants’ post-IOOV experience revealed a significant attitudinal shift. During one interview a post-IOOV participant spoke metaphorically, “if a person has gone through the wringer and they seem to have made it onto the other side, there is no reason I can’t.” As these participants identified with the IOOV presenters, their former views of those with a mental illness began to change.

Past references to van Dijk (1995) have denoted that in order for critical thinkers to challenge powerful discriminatory societal forces, they must rise up against the oppression emanating from that dominant group. Theoretically then, if the IOOV participants had felt oppressed or marginalized by the IOOV presenters, they might have challenged the words of the IOOV presenters, or even exited the IOOV presentation.
However, a critical analysis of the IOOV presenters’ discourse, as reported by the participants’ deeply emotional responses, revealed the presenters’ language free from authoritarian vocabulary or condescension. To reemphasize, the IOOV presenters’ discourse of inclusion set the tone for an exchange of power between presenters and participants - thereby neutralizing any participants’ anxiety.

In investigating the literature for this study, power as dominant discourse was rooted in linguistic metaphors. Maalej states, “in the dominant Critical Discourse Analysis (CDA) models, emphasis on ideology, power, and language had overridden concerns with the conceptual structures that are behind discourse, even though such structures have started to be investigated across discourses” (2004, p. 133). Scholarly application of critical theory to interpersonal communication is greatly needed (Moore, 2016). Wodak and Meyer (2001) cite the need to investigate peoples’ place in society vis-à-vis socially relevant discourse. They add that text and talk are social activities and reveal the personal traits that exist between people. Yet, few examples guide researchers in analyzing critical theory applications of these examples of socially sensitive communication (Moore, 2016).

As an example of such structures, this study’s participants spoke metaphorically of fear and oppression of stigma of mental illness. They used deeply personal emotional metaphors to describe an anxiety so great that they needed to have a mental health professional nearby. These expressions gave way to metaphoric conceptualizations of honoring and respecting the IOOV presenter’s courage. Finally, through metaphoric discourse, the participants felt redeemed.

This research study recorded powerful discourse of the IOOV presenters as they shared their daily challenges. This study presents evidence that the transfer of power was key to the attitudinal shift of the IOOV study participants. The relinquishment resulted in
an open and mutual exchange of not only discourse, but of an intangible psychological experience. Moore (2016) cites (Alvesson & Deetz, 2006):

Most importantly, communication phenomenon are not contained to a single “level” of communication, such as interpersonal conversations or media constructions; on the contrary, communication phenomena are inextricably intertwined, and employing theories of discourse and power will enable communication scholars to enrich their empirical analyses of everyday communication practices in relationships, and adopt the “critical edge” of critical concepts/theories to challenge injustices of status quo. (Moore, 2016, p. 2)

This study might then offer a critical, theoretical, and methodological approach for analyzing how current trends in “power discourse,” and metaphoric expressions of subjugation and oppression, can be modified in the lexicon to shift persons’ stigmatizing attitudes and prejudices.

**Emotion Metaphor Concepts**

This study had posited that finding the deep meaning in participants’ text and talk would shed light on not just the “what” that had taken place, but also the “why.” This dissertation displayed a resolve to probe into “why” participants changed their stigmatizing thinking. The study identified a pattern of participants’ deep emotional reactions to the IOOV presentation. These emotional responses engendered bonds between the participants and the IOOV presenters. The mystery of the contact hypothesis’ effectiveness (the why) might lie in, not just discourse, but in deep emotional exchanges between and amongst those in the IOOV contact scenario.

Therefore, rather than merely coding for metaphoric expressions, an additional form of analysis would be needed (Lakoff and Johnson, 1980). In other words, the
participants’ deep emotional reactions had formed an additional domain, one that would require a unique coding system. Zoltan Kovecses (2000) devised a cognitive scheme for emotion metaphors called emotion metaphor concepts. These emotion metaphors were known as the metaphoric “conceptualization” of emotional experiences (Kovecses, 2000). An investigation of the manual, Emotion and Metaphor (Kovecses, 2000), led to locating participant responses and associating them with emotion metaphors in the pre, mid, and post-IOOV presentation. For example, a pre-IOOV comment was, “it just seems like mental illness is, such. Like it’s in the dark.” Kovecses names this statement as deeply rooted in the emotion metaphor concept, “fear is a hidden enemy.” One participant stated in mid-IOOV expressions, “a person could look at their faces and just think, oh, drug abuse. Now, there is a deeper layer behind that you have to delve into.” Kovecses (2000) would name this emotional response as “love is a natural force.” A post-IOOV example of emotion metaphor concept would be, “but if I’m talking to you face-to-face, one-on-one like I am right now and I tell you my story…Then I think it forces them to be like, ‘holy crap, this is real.’” Kovecses (2000) would name this deeply personal metaphoric response as “love is war.”

The issue of deep emotional mental spaces is not often identified with power. Deep emotional bonding between disparate groups is not often associated with eradicating bias and discrimination. But deeply emotional response patterns from the participants began to validate this dissertation’s primary focus – that not only the elements of human contact but also the innate power of human emotion might provide new insight to researchers who debate stigma, racism, sexism, and the power of perpetuating “differences” within the “us” and “them” ideology.
The Contact Hypothesis

Decades of contact theory research have offered multiple notions on the effects of human contact in reducing bias and discrimination. Rusch et al. (2008) have conducted multiple studies that indicate potential for reducing the prejudices that seem to dissipate when persons have direct contact with someone they may have previously feared as a mentally ill individual: “Individuals of the general population who meet and interact with people with mental illness are likely to lessen their levels of prejudice” (Corrigan et al., 2012, p. 10).

For discussion purposes, a variation on the contact hypothesis for reducing stigma are research scenarios called “retrospective studies.” These studies claim that if participants have had previous familiarity with those with a mental illness, such as family members or even themselves, they hold less stigmatizing attitudes. Corrigan (2012) investigated persons who perceived those with mental illness as dangerous. The study found that people who reported having contact with those with mental illness on a previous basis, were less likely to view individuals with the stigmatizing notion that they were dangerous (Corrigan et al., 2012). Researchers examined mental illness stigma reduction by dividing persons into two groups - those who had worked as volunteers with persons of mental illness and those who had direct contact on an involuntary basis, such as a relative who was hospitalized. Link and Cullen (1986) did find that when people who are mentally ill are able to coexist with those who do not share their disorders, the persons who may have previously been fearful or discriminatory of mentally ill, came away from that firsthand experience with greatly improved perspectives on a medical condition that they had little or no information about.

However, in reporting on the effects of human contact on this study’s participants, the evidence contradicted the notion that previous familiarity with those with a mental
illness reduces stigma. It identified a sub-group not explicitly named in retrospective research studies - those persons having mental illness or mental disorder symptoms themselves. Four participants in this study had experienced a mental disorder themselves, or had felt symptoms of disorders such as depressive episodes. If contact retrospective research would hold true, these four participants, having had personal experience with mental illness, would hold the least stigmatizing attitudes. To the contrary, this study found that the participants who had a mental illness themselves had severe stigmatizing attitudes. They were apprehensive and fearful of attending an IOOV presentation as they stated that the IOOV presentation might evoke a hostile environment. Two participants felt that the IOOV presentation might trigger their own uncontrollable reactions.

“Self-stigma,” or a person’s turning cultural stigma onto oneself, could account for this effect. The general public oftentimes views others with a mental illness as weak, incompetent, or having a debilitating disease. Thus, self-stigmatizers are often unlikely to seek professional help. Also, those with extreme self-stigmatizing attitudes are known to have decreased self-efficacy and low personal functioning (Reichert, 2012).

These factors present a singular explanation of why these participants were initially so afraid to reveal their own disorders, and why they were at the same time so deeply transformed by the IOOV presenters. Traditionally self-stigmatizers avoid public interaction with those with a mental illness, fearing that they may be found out (Reichert, 2012). Reichert (2012) continues by stating “social distancing” is based on the notion that those with a mental illness are “less than.” This explanation of the relationship between self-stigma and targeting social distance may have been the exact experience that participants had with the IOOV presentation. Their self-stigmatizing images of themselves resulted in their being fearful, feeling oppressed, and experiencing avoidance techniques. Following the IOOV presentation, they felt a sense of their own survival and future wellbeing. The more self-stigmatizing audience members might be,
the more profoundly they may experience the IOOV mindset. There appeared to be a relationship between the depth of the participants’ negative views of themselves, and the IOOV presenters’ deeply personal invitation to enter into their world. Those participants who had similarly devastating effects of mental illness might be liberating the IOOV presenters as well. This study named this phenomenon as “core equilibrium.” Self-stigmatizing, a truly devastating influence on those with a mental illness, was effectively eradicated between and amongst those who themselves had experienced a mental illness.

This “mutuality” effect foreshadows this study’s denouncing of the FINIS theoretical model naming the power of the macro level - politics, the economy, the health care system, globalization, and the welfare state as being the most powerful forces of stigmatization.

**Challenging FINIS Theory**

The Framework Integrating Normative Influences on Stigma (FINIS) has named three societal levels involved in the stigma of mental illness as the micro, macro, and meso levels. Pescosolido et al. (2008) reported that although the meso level (the interpersonal level, which includes the contact hypothesis) was an important component, the macro level (e.g., politics, economics, the health care system, cultural values and globalization) was a far more powerful influence on producing and/or reducing stigma of mental illness. The following section discusses this FINIS proclamation in light of the findings of this study.

This study’s findings regarding the power of one-on-one human contact and the power of emotion metaphor discourse led to a reanalysis of the FINIS micro, macro, and meso societal levels. The IOOV participants’ own descriptions of the transformative power of the IOOV experience seemed to disrupt the FINIS theory that the macro level of society dispelled the interpersonal power of human contact described in
destigmatizing mental illness. For example, participants were consistent in their initial perceptions of mental illness and subsequent attitudinal shifts during and after the IOOV presentation. All participants reported the emotional effects of face-to-face contact between participants and IOOV presenters. Participants were also consistent in describing education approaches to stigma reduction - classes, books, and pamphlets as having little effect on destigmatizing mental illness. The participants stated that although a NAMI anti-stigma protest march was scheduled for Spring, 2017, it would not be as effective as their having attended an IOOV presentation. Many participants consistently described the lack of destigmatizing influence of mental illness from movies, videos, or a described Ted Talk. Further, participants were consistent in naming politics, economics, globalization, cultural values and the health care system as being less powerful influences and having less impact on destigmatizing their notions of mental illness compared to their personal contact experience with an IOOV presenter. Participants were almost unanimous in their observations and acclamations that they themselves were responsible for, and in control of, attaining stigmatizing perceptions and they alone were responsible for acquiring new anti-stigmatizing attitudes. Finally, participants consistently stated that the IOOV presentation effects had carried over into their college life experience, and would have lasting impact.

FINIS researchers outline the power of their framework, yet diminish the premise of the contact hypothesis. FINIS researchers state that there is not sufficient evidence to uphold the notion that contact has impactful results on stigma. Only sustained, highly controlled social network ties would yield significant contact effects:

Thus, the “contact hypothesis,” although seemingly simple and straightforward, represent complex set of possible configurations relative to stigma. At minimum, the effect of having contact (i.e., having someone in the social network with
a mental illness) can only be configured when the valence is considered.

(Pescosolido et al., 2008, p. 437)

Hope lies in the belief that stigma can be eradicated, yet some researchers fall back on old ideas of identity theory that suggest that there will always be an anthropological interplay of “us” and “them” at work (Pescosolido et al., 2008). This suggests that there is little or no control that individuals have over their personal environment that would have over their personal environment.

Pescosolido et al. (2008) reiterate their theory of macro level domination. Stigma is also aligned with discrimination of women, as Reskin (2003) stated that mere thought and attitudinal shifts had only created meaningless chatter (Pescosolido et al., 2008). Pescosolido (2008) cites Reskin (2003) in the following:

Only interdisciplinary dialogue and macro level collaboration, which include, but are not limited to, the individual level, are essential; the focus needs to shift away from changing “hearts and minds” to allocation mechanism that are the “engines of equality and inequality. (Pescosolido et al., 2008, p. 10)

Reskin (2015) also argues the futility of changing “hearts and minds around the edges,” regarding prejudice and discrimination and that we must focus on the critical elements of world influence on injustices.

This research study challenges the FINIS premise that the most compelling elements of destigmatizing mental illness come from the external macro level forces – politics, the economy, globalization, the health care system, and societal values in this particular group. Participants from this study expressed their ideas about destigmatization that were based on personal contact with those with a mental illness, and face-to-face encounters with the IOOV presenters. A dialogue between college student attendees and the IOOV speakers underscored the importance of these previously
skeptical students changing their belief systems of stereotypes and labels about people who live with the daunting reality of mental illness. Focus group members agreed about how they changed their minds about stigmatizing a person with a mental illness because they could see, hear, and feel the power of the IOOV’s presenters’ physical presence. The actual appearance of the IOOV presenters before a live audience far outweighed the effects of FINIS societal macro factors. As indicated by their expressions, participants perceived that IOOV presenters had opened their hearts and minds and had shared their lives with their mental illness; they had had exchanged power with audience members thereby creating a type of “core equilibrium.” As refuting FINIS, it is precisely this power of changing “hearts and minds” that accounted for the destigmatizing effects of mental illness between the participants and the IOOV presenters.

**Implications**

College student stigma of mental illness can be greatly reduced by giving students increased opportunities to experience one-on-one contact with those with a mental illness. This opens the door for a conversation between students and university administrators about multiple programs addressing stigma on other college campuses in the United States. A more comprehensive view by administrators would involve securing funds, designing university curricula, and preparing a timetable for yearly anti-stigma activities.

The following sections outline policy procedures for obtaining state funding, and direct evidence from the work of California Senator Alex Padilla, and California State Department of Education State Curriculum, that K-12 health programming should include California students having mental health educational experiences that include having direct contact with those having a mental illness.
**Recommendations for Policy**

College student mental health issues have recently become college and university priorities. This presents increased financial challenges to the 23 campuses of the California State University complex. The California State Legislature has drafted, processed, and passed into law, legislation offering numerous funding opportunities for California colleges and universities. California State Assembly legislative actions created Assembly Bill 2017 – January 2017 and Senate Bill 330 – January 2014, in hopes of highlighting the vital importance of mental health education for the youth of the State of California.

**California Legislature Assembly Bill 2017**

AB2017 states that the Mental Health Services Act, voted on and passed as Proposition 3 at the November 2, 2004 election, finances mental health assistance programs for the county. This bill, until January 1, 2022, would require the Mental Health Services Oversight and Accountability Commission, subject to appropriation by the legislature, to create a grant program for public community colleges, colleges, and universities for purposes of improving access to mental health services on those campuses, as specified.” (California State Legislative Analysis, AB2017, p. 1)

California State colleges and universities having been awarded these grants, would then provide annual reports specifying the amount of funding monies given, and how these monies had been spent. The Mental Health Services Act Commission would also report on the impact of the college and university grant programming to the State Department of Finance to assist them and the State Commission in calling for further grant request for proposals.

The California State University system, as a key stakeholder, needs to be current on the opportunity this bill presents. Following is an implementation strategy for tracking
and reporting on California State Legislature Assembly Bill 2017. The California State University Board of Trustees, university administrators, and Vice Presidents of student affairs should become aware of the opportunity to secure grant money for college student mental health services.

The California State University East Bay administrators might establish a California State University legislative liaison to monitor, expedite, and communicate the status of Assembly Bill 2017. The California State University legislative liaison should make a presentation to the California State University East Bay President and Vice Presidents to target the content, and the opportunity offered by Assembly Bill 2017. The California State University East Bay legislative liaison might write and develop a plan for California State University East Bay to secure Assembly Bill 2017 grant award monies and university matching funds. The California State University legislative liaison might develop and present a 12-month plan to secure the maximum amount of grant money and present a proposal to secure University matching funds from budgetary sources, alumni contributions, or counseling department budgetary allocations. The California State University legislative liaison might form partnerships with the California State University Alumni Association in order to acquire donations for matching legislative grant awards. The California State University legislative liaison might form a partnership with the California State University East Bay Social Justice League for possible fundraising activities.

**California Legislature Senate Bill - SB330.**

This legislative act requires that the State of California public school superintendents, curriculum designers, and school principals, as stakeholders, become aware of the “Health Framework for California Public Schools” and newly adopted specifications for mental health instruction. Following is a summary from the California
Legislative Counsel’s Digest, which describes Senate Bill 330, organized by Sen. Anthony Padilla. For the first time in legislative history, this bill put forth a California school curriculum that included mandatory instruction of the specific attributes and multiple definitions of children, young adults, and all persons with a mental illness. Detailed items included having students have first-hand experience with peers or adults who have a mental illness.

The Mental Health Services Act requires the California State Department of Education to create programming for California schools to prepare in-depth classroom materials for health education. The Mental Health Services Act also necessitates that the health curriculum for California school districts now include a “distinct category” for instructing students on all mental health issues relevant to their lives. SB330 will require a special health commission to include mental health professionals in preparing these classroom materials and to offer advice and perspectives on the most important aspects of student mental health and well-being. Particularly notable is Section 2. Numeral 8, on stigma of mental illness. It is a clear reference to programs such as “In Our Own Voice.” It is the strongest directive to California public school districts to provide specific instruction on mental health and advocate for a stigma-free school environment.

Following is a summary of this addition to the California Education Code:

(8) “Stigma surrounding mental health challenges and what can be done to overcome stigma, increase awareness, and promote acceptance: This shall include, to the extent possible, classroom presentations of narratives by peers and other individuals who have experienced mental health challenges, and how they coped with their situations, including how they sought help and acceptance.” (California Senate Bill 330, p. 91)

**Recommendations for Practice**
The participants in this research study reported on the positive impacts of the “In Our Own Voice” program. College and university administrators should promote IOOV presentations on their college campuses and investigate additional stigma reducing strategies that include in-person experiences with someone with a mental illness. The study also implied that college and university administrators consider additional anti-stigma programming.

All California college campuses need to offer the “In Our Own Voice” program and take specific steps to bring IOOV to all college and university students. All California college campuses must establish the NAMI on Campus student-led organization. California college administrators need to explore the positive effects of college anti-stigma programming efforts on American and international colleges and universities.

IOOV addresses stigma of mental illness by sending trained presenters to college campuses to share their lives with mental illness. College students will acquire a deep understanding of the ravages of a mental illness, as presenters describe being diagnosed with a specific disorder, and not only surviving, but living fully successful lives. IOOV can change students’ attitudes and behaviors towards stereotypes regarding mental illness. The following is what a college student should expect from the IOOV program: IOOV is 1 ½ hours long, open to all interested parties, and does not require a fee. Two trained presenters who are living lives with mental illness lead the session and share their stories and their life experiences.

The implication might be that in order to implement NAMI on Campus clubs, which would in turn, sponsor the “In Our Own Voice” (IOOV) program would require funding for obtaining a NAMI on Campus club charter, submission for the student organization to the California State University administration.

As a further example, “Bring Change 2 Mind,” brought The College Toolbox Project to Indiana University, Bloomington, Indiana. This remarkable student-centered
organization encourages college campus peers to seek the medical assistance that they may need if they are experiencing mental disorder symptoms. These young adults serve as mental health ambassadors in their efforts to reduce the stigma of mental illness on a college or university campus. “Bring Change 2 Mind” is science-based program and is said to have great success by employing a three-part strategy. First, students can engage the support of celebrity Glenn Close, whose sister suffers from a bipolar disorder and is a passionate advocate for anti-stigma programming. Second, the students have harnessed the powerful and positive attitudes of the millennials and thirdly, have gained the support of the faculty of Indiana University researchers, specifically Dr. Bernice Pescosolido (2013), professor and renowned international stigma researcher. Pescosolido (2013) names newer stigma research studies that conclude that when college students seek common ground with those having mental disorders, such activities reduce or even eradicate stigma. Pescosolido (2013) is head of the International Advisory Council on Indiana University anti-stigma reduction programming on the Indiana University campus. Pescosolido (2013) notes that a program such as this gains credibility with students if it is part of the actual campus site. She cites the importance for students to have a personal investment in this campus activity that is necessary for stigma reduction (Pescosolido, 2013).

There has been significant success in bringing together the “Bring Change 2 Mind” commission and Indiana University, Bloomington, Indiana. Several Indiana University partnerships include The Jed Foundation as a key participant that targets suicidal behavior among university students. Britain’s “Time to Change,” is an adaptable young adult campaign to reduce stigma. “Active Minds,” is a program geared towards the college population, whose goal it is to eradicate stigma. Finally, the National Alliance on Mental Illness (NAMI) with the NAMI on Campus college and university organization are run exclusively by students. “Bring Change 2 Mind” also offers Indiana University
funding sources with matching funds from within the university and offers support for
administrators and members of the faculty.

The University of Austin, Texas Anti-Stigma Program features campus activities
primarily targeted at reducing suicidal behaviors. The “Transform Your Campus”
organization directly involves students’ opinions for university policy and guidelines. The
National Alliance on Mental Illness, NAMI on Campus student-led organization is also
active on this Texas campus.

American colleges and universities are struggling with a steady rise in mental
illness symptoms on their campuses and the steady increase of college students reporting
mental illness disorders. College and university administrators must heed these warning
signs and act to reverse them. Students’ early reporting of symptoms is not to be ignored.
Students are afraid to disclose mental disorders because they fear their peer groups’
rejection. Anti-stigma programming may be disconcerting to some until they realize the
impact of one student tragedy – one student who resisted professional help because it
was too embarrassing. This can be compounded by continued depression, resulting in a
student taking his or her own life. The time is now, for proactive college administrators to
initiate programs that will not only reduce stigma of mental illness, but help also to create
a stigma-free campus climate.

Recommendations for Research

Stigma researchers have studied the effects of the contact hypothesis in case
studies, longitudinal studies, and meta-analyses. However, contact theory continues
to confound scholars and puzzle social scientists. It seems that psychologists and
sociologists have focused largely on the societal problems, but not the personal and
deeply emotional impact of human contact that is detailed in this study.
The Contact Hypothesis

British researchers have reported on five decades of contact hypothesis empirical studies – longitudinal and multiple interactions (Hewstone & Swart, 2011). They are now calling for more complex contact hypothesis research models – face-to-face interactions, or the relational approach, meta-perceptions or out-group targets, and interventions. These are designed to be conducted through outside intergroup interactions so as not to disrupt the environment of human contact. However, there is still much contact research to be done to address human injustices: “Yet despite all the sophistication of research methods, and interventions claiming ‘more tolerant and egalitarian societies’ few social scientists have answers to questions about ultimate societal change” (Dixon, Durrheim, & Tredoux, 2007, p. 709).

These researchers have a made a crucial point. They urge others to consider that the contact hypothesis theory includes the nature of intergroup discrimination, and directs social scientists toward a conceptual framework that they might embrace. It becomes even more interesting when these researchers cite the work of Pettigrew and Tropp (2006), who reflected on Allport’s (1954) significant works (Pettigrew & Tropp, 2006). Dixon et al. (2007) assert that Pettigrew and Tropp found that Allport (1954) did not offer enough complexity in his original hypothesis. They also state that this lack of methodological polish was a result of the research being conducted during that era, and helped to explain why Allport (1954) referred to it as a “hypothesis” rather than a “theory.” Their recommendations for future research are stated,

We believe, however, that if we can wed elegant experimental studies to multi-level and longitudinal survey research, then this body of work will grow in importance: a testament to the fact that theory-driven social psychology does
matter, not just in the laboratory, but also in the school, the neighborhood, and the society at large. (Hewstone & Swart, 2011, p. 380)

However, in an article as recent as February 10, 2017, Singal (2017) states that Dr. Linda Tropp (2011) may be coming to a different conclusion. In her view, researchers may have been placing their focus on too many variables that need to be considered for contact to work, leading to what she called “unwarranted pessimism.” Rather than espousing sophisticated empirical studies whose complexity levels and multiple variables seem to actually get in the way of the original work of Allport, which was a common-sense approach to human contact and contained only four criteria, she is beginning to think that the effects of human contact may have been lost in the shuffle. She speculates that rather than worry about having everything on a long list, she proposes moving in the direction of flexible variables and adding everything else that might help (Tropp, 2011). She speaks about the simplicity of having two teams, each team having different members of different groups. It is more important, she believes, that the “team” have the same goal, and that this could potentially have the single greatest impact.

Singal (2017) writes that this seems to support the original theoretical framework of contact theory which suggests that it’s really peoples’ relationships and subsequent emotional responses with each other that are the “bigger drivers of belief and behavior” than say, educational input about in groups, out groups, and all the other tenants sophisticated researchers hold. “When you have close meaningful relationships with members of another group, it is simply much harder to embrace negative stereotypes about members of that group, or to look the other way when their members are mistreated” (Singal, 2017, p. 3 - 4). The article concludes that the unquestionable value of the contact hypothesis is, that one does not require complex and expensive education formats, or series of scholarly symposia, or anything else to get people to treat each other
in a more humane way. “All you need is to get them to interact on the same level and progress will follow” (Singal, 2017, p. 3-4).

This view, offered by Tropp (2011) and Singal (2016) is notably similar to the results found in this study. Deeply personal reactions and strong emotional connections to the IOOV presenters brought the participants and presenters to an equal level. This study suggests that intergroup biases and stigmatizing attitudes of two groups have a great deal more to do with an equal exchange of power then an exchange of multilevel, meta-analytic variables. This study calls for returning to Allport’s (1954) original approaches for simpler experimental staging and more opportunities for individuals and different groups to form personal and meaningful relationships, thereby engendering a state of equality and reciprocity.

**Interpersonal Power – Critical Theory**

It now becomes important to understand that the contact hypothesis dynamic is a matter of a profound interpersonal exchange. It is about the degree to which two groups/persons can relate to one another on a deeply human level so that stigmatizing attitudes and behaviors can be changed. What is the nature of this interpersonal power and what key components will be identified? The work of Julia Moore (2016) reminds scholars of the paucity of critical theory, power, and interpersonal communication research. Moore (2016) does not advocate for critically analyzing interpersonal communication for its own sake. Rather, she calls for future interpersonal communication research that will focus on power as it relates to personal interaction. Moore names three elements as vital to “interpersonal communication studies: (a) power, (b) identity, and (c) relationships” (Moore, 2016, p. 1).

This research study and its findings suggest that the IOOV presenters shared a unique aspect of power with the participants. They did so through their descriptions of
their lives, and their candid revelations about living their lives with mental illness. It appears that this exchange of power was a result of their choice of discourse - linguistic that was mutual, intimate, and inclusive. This seems to be in close agreement with scholars of power and language. Foucault (1982) refers to scholars who described a form of power in the “centripetal/centrifugal struggle of competing discourses in an individual’s talk” (Foucault, 1982, pp. 777-795). For example, this takes place when two persons are communicating and one person’s verbal expressions become dominant, while the other one’s discourse is marginalized. It would appear then, that this research study may have revealed the power of interlocking discourse. Further research should follow so that scholars may analyze how discourse is interwoven, between and amongst two persons or two groups.

Critical communication studies have made slow progress in advocating for a more socially just world. Moore (2016) states that “critical empirical interpersonal communication research might include the following two units for social change: “a sense of urgency for the role of critical theory in communication studies and the applied role of qualitative critical empirical research” (Moore, 2016, p.16). While it is beneficial to discuss the power of everyday relationships and interactions as opportunities for employing social justice practices, it is equally important to underscore the impact of dominant discourse. “We can work toward not only improving individual, relational, and familial outcomes, but can also work toward transforming the discourse landscape of power/knowledge through applied translations that directly benefit communities” (Moore 2016, p. 16).
Conclusion

College student stigma of mental illness is a crippling influence on today’s college campuses. College and university administrators must move rapidly to create anti-stigma campus programming. This study suggests that if one-on-one contact is the most powerful means of reducing stigma of mental illness, higher educational institutions should stop allocating major financial resources towards traditional modes of college student education - holding college classes on mental health/illness, mental health course textbooks, and distribution of mental health flyers and pamphlets. They might also note students’ responses on the ineffectiveness of mental health internet videos, television, movies and Ted Talks.

It is time for a new trajectory – a student-centered approach to eradicating college student stigma of mental illness. Administrators should consider the energy, persistence, and power of youth-led advocacy. College and university administrators and faculty must join together in listening to the voices of the students who state that they want personal and meaningful contact with those who can share their experience living with a mental illness. College students are calling for one-on-one experiences with mental illness survivors to inspire them to reject fear and apprehension of mental illness. College and university administrators might create a college student mental health advisory council to collaborate with university officials in presenting mental health programming that appeals to all young adults.

This research study firmly recommends, that as a first step to student-centered mental health programming, California State University administrators take their students’ request seriously and project a sense of confidence in the wisdom of these young adults. They must allow their college and university students to form the premier national college and university anti-stigma student organization, the National Alliance
on Mental Illness (NAMI), NAMI on Campus Club. These students can and will affect change.
**APPENDIX**

**SOCIETAL STIGMATIZATION THEORETICAL FRAMEWORK**

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