

Title:

Explaining the effects of the popularisation of psychological diagnoses on the perceived clinical significance of mental illness: a quantitative study using questionnaires.

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Declaration:

I hereby declare that the Research Report submitted for the **HPSY414 - Bachelor of Arts Honours in Psychology** degree to The Independent Institute of Education is my own work and has not previously been submitted to another University or Higher Education Institution for degree purposes.

Signed:

Jared Fuller

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Abstract:

Mental health stigma is an everchanging theme because the sources of information that people can learn about mental illness from is ever-expanding. This is especially true for tertiary students who have learned popularised and overly-simplified versions of mental disorders from social media. The majority of the student's use of popularised sources as the basis of their semantic memory (Social media at 68.8%, Figure 2) and colloquial use of psychodiagnostic terms through metaphors (where 84.4% admitted to using OCD in a colloquial manner, Figure 1) has resulted in a mediocre ability to recall and identify the correct symptomology for three relatively well known mental illnesses (OCD, MDD and BAD). This means that the popularised sources of knowledge have created a deficit between the academic understanding of mental illness and the publics' understanding of the mental illness (Calsamiglia, 2003)

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Introduction

1.1. Contextualisation

Communication is one of the most common problems that people struggle with. This theme is especially true within South Africa as there are a variety of cultures, languages, religions, races, sexes, and sexualities that call the country home. The diverse population of South Africa is a point of pride for the country, but most certainly comes with its own unique sets of problems.

“A person is a person through other persons. None of us comes into the world fully formed. We would not know how to think, or walk, or speak, or behave as human beings unless we learned it from other human beings.” (Tutu, 2016).

This quote is key to understanding the importance of learning to human culture and survival. Learning happens in numerous ways and environments and is important in the growth and development of human beings within society. This brings forward one of the greatest challenges that South Africa faces, the diversity found here correlates to different views on different topics and often creates different understandings of these topics (Beukes, 2006). While much miscommunication in South Africa happens through the translations between languages or cultures (Beukes, 2006), this research seeks to bring into question the translation that occurs between, scientists and academics, and the general population around psychological fields. The main source of this translation occurs as the result of a process called popularisation, a two-stage model that shows how scientific information is made available to the public, (Calsamiglia, 2003; Hilgartner, 1990; Myers, 2003).

While academics and scientists do make information available to the population, academic and scientific information has to be made more accessible in order to promote learning and create interest in the world, the fundamentals of relationships, and so many other important fields. The exchange of information through generations has ensured the longevity of humanity thus far, this included lessons like, how to hunt, and how phenomena can be measured, these processes are the result of specific information from the teachers being popularised for the pupils. This means that the information exchange needs to occur on a level that allows the population to learn, without academics/professionals having to redact and omit details in their writing. This research will focus on the popularisation discourse around psychodiagnostics and how

this simplification of significant diagnostic information affects the public stigma around mental health.

The misuse and colloquialisation of psychodiagnostic terminology is a factor of popularisation that has been identified as potentially creating a difference in the understanding of mental disorders in the eyes of the public compared to psychologists/mental health professionals (Hilgartner, 1990). Naturally, the professional psychologists would understand the clinical significance of psychodiagnostics at a higher level, but the extreme difference in how psychologists understand psychological discourse and how the public use this information may be dangerous in the possible underestimation of the mental illness. This incomplete understanding of mental illness would occur, as Archbishop Desmond Tutu said, as being learned from other humans through models like popularisation which could affect the semantic memory that individuals draw on to create their own stigma around mental health and mental illness respectively.

To explain the correlation between these variables this research will explain the importance of this information through the rationale and problem statements, lay a theoretical foundation and further engage with the literature by means of a literature review. These theories and key concepts are then contextualised and further explained within the context of the research before the researcher utilizes the theories to explain and predict the relationship between the two variables. This research has employed a positivist approach to the quantitative-based questionnaire that has been provided to students of tertiary education institutes.

1.2. Rationale

The importance of this research is that it deals with themes that could affect people's own perceived mental health. If the popularisation of psychological diagnoses negatively affects the perceived clinical significance of mental health, then individuals may not seek help for their mental illness – due to oversimplified or incomplete perceptions of these diagnoses. This means that the relevance of this research lies in its ability to identify the popularisation discourse of psychodiagnostics within a South African context. There is added importance in the fact that South Africa has eleven official languages, which would further complicate the monitoring of the popularisation

discourse of psychological diagnoses (Wildsmith-Cromarty, 2008). This research has identified the extent of the popularisation of the psychological diagnoses and has identified by means of the items in the questionnaire, the sources of their initial semantic memories around mental illnesses.

The outlining of this research lends itself to a quantitative explanation of the processes, that utilises questionnaires. This would create an anonymous platform for people to engage with these terms and gauge how their understandings relate to formalised descriptions and classifications of mental illness, as per the Diagnostics Statistical Manual 5's (DSM 5) (2013) definitions. By explaining the difference between the students' perception of mental health and the DSM 5's definition, students would be more aware of the importance of mental illness and might be more likely to seek help if their perceived mental health matched the definitions of mental disorders found in the DSM 5. This research could also be used to further enhance the relationship between linguistic factors and psychological aspects found in psycholinguistics.

1.3. Problem Statement

Colloquial language often includes the use of metaphors to convey or express characteristics in a more relatable way (Calsamiglia, 2003; Glucksberg, 2003). This becomes dangerous when the metaphors include psychodiagnostic terminology as a gross oversimplification of their clinical definitions. This is a problem because the simplification could result in the perceived clinical significance of mental illness being undermined, and the perpetuation of misunderstandings regarding mental health and illness. What is not known is the direct effect of using these diagnoses loosely in conversation, on the public's perception of mental illness and the possible effects on help-seeking behaviour. An example of this would be if a student (Student A) heard of Major Depressive Disorder (MDD) for the first time while overhearing another student (Student B) speak about how exams make them depressed. Student A would then relate depression to a moderate amount of stress and lower mood rather than to a clinical mental disorder. Student A's understanding would be a simplified one regardless of how Student B understands MDD and their (Student A's) understanding is based purely on how they (Student B) expressed it in their conversation (Glucksberg, 2003), thereby popularising the mental disorder and giving Student A an oversimplified

and incomplete understanding of MDD (Calsamiglia, 2003). Student A would now be incapable of describing or identifying MDD in themselves or other people which could be potentially dangerous.

The simplification of any topic for the means of creating accessibility of knowledge is an honourable course of action and is key to the majority of the learning that occurs in schools across the globe. There are, however, some subjects and concepts that should not be simplified as it might change the understanding of the key components of, and the ways of dealing with these topics (Myers, 2003). It is this problem that the research seeks to investigate. This problem is narrowed to focus on psychodiagnostic terms and how the overly simplified explanations and metaphoric/ colloquial uses of these diagnostic terms may perpetuate an incomplete understanding and possibly dangerous ignorance with regards to the public stigma of mental health. This portrayal of mental health may create a space where students who experience symptoms of Major Depressive Disorder; Obsessive-Compulsive Disorder; and Bipolar Affective Disorder; but may not seek help because their understanding of these mental illnesses are oversimplified and has then created a stigma that would see students abandon help-seeking actions. This research hopes to highlight popularisation of psychodiagnostic terms as an issue within the South African context, and promote the holistic teaching of mental disorders rather than a poorly popularised and overly simplified version. This would change the stigma around mental disorders and would create safer spaces for those knowingly and unknowingly living with mental disorders.

1.4. Purpose Statement

The purpose of this research is to explain whether the popularisation of these diagnoses does indeed affect the students' perceived clinical significance of mental illnesses. It hopes to add to the conversation of mental illness in South Africa and gain insight into how the ever-changing public stigma around mental illness is affected by external and social variables.

1.5. Research Question

Does the popularisation of psychological diagnoses affect the perceived clinical significance of mental illness of students of tertiary institutions?

1.6. Hypotheses

H₀: The popularisation of psychological diagnoses does not have an effect on the perceived clinical significance of mental illness.

H_a: The popularisation of psychological diagnoses does have an effect on the perceived clinical significance of mental illness.

Literature Review

2.1. Theoretical foundation and how it links to the research problem

Popularisation:

The Popularisation of Science is a two-stage model. In the first phase, scientists create genuine specific knowledge. In the second phase, the public uses this information in a grossly simplified context (Hilgartner, 1990). The significance of psychodiagnostics is its specificity. It represents a deeper understanding of the word and allows for the appropriate context to be carried in these words. In terms of being able to predict future action, this theory predicts that the misuse of scientific terms can create a sense of distortion (Hilgartner, 1990). This theory contributes to the research statement by improving the understanding and definition of the popularisation of science, as well as establishes the positive and negative aspects of the popularisation of psychodiagnostics.

One of the purposes of the popularisation of science is to promote accessibility. The terms used to describe scientific phenomena are conceptually beyond the understanding of a 'lay' person (Myers, 2003). Popularisation promotes accessibility through a visible portrayal of science rather than text. Myers (2003) uses examples of cartoons in newspapers or exhibits in a museum to demonstrate this function. While these practical and accessible sources of scientific theory exist, it is here where information, detail and significance can be lost. Whilst a picture may speak a thousand words, the depth of the information portrayed would require more specific knowledge around the topic to fully understand. When interacting with one of these examples at face value, a 'lay' civilian would only be able to engage with the demonstration based on their topic knowledge. This would cover a small fraction of the knowledge that an expert in the field would engage with in the same demonstration. This comparison is key to understanding the simplification that occurs during popularisation theory.

Psycholinguistics:

The field of Psycholinguistics incorporates a combination of theories, where psychological science meets the process of language learning and the impact of language on behaviour (Glucksberg, 2003). Whilst trying to understand the popularisation and discourse of psychodiagnostics, psycholinguistics is used to

provide an understanding regarding when and why people colloquially adapt these terms. Glucksberg (2003) addresses the psycholinguistics of metaphors, referring to them as a comparison between something that is known, and the attributes of the thing it is being used to characterise. He goes on to say that, when taken literally, metaphors make no sense. In the context in which they are spoken, they should be treated as similes, using 'like' or 'as', to show that an object or thing is not literally what the metaphor says it is, but rather the object or thing is 'like' the literal representation of the characteristics of that metaphor (Glucksberg, 2003).

In 'The Handbook of Psycholinguistics', Ober and Shenaut (2006) use psycholinguistics to discuss semantic memory. They describe the relationship between language and memory as a complex issue. For example, one does not have to experience an earthquake, in order to know it's devastating effects, they would know it's dangerous based on others' shared experiences. Similarly, one does not have to have Major Depressive Disorder to be able to talk about it. This includes understanding terms by the association of the specific words to phrases, meaning that people understand these words based on the words surrounding or associated with them (Ober & Shenaut, 2006).

2.2. Review of previous literature

The use of popularisation and psycholinguistics is effective in identifying the processes involved in simplifying scientific knowledge. Popularisation is used in this description to discuss how the level of detail differs between academic writing that is written for professionals and colloquial pieces that are written for the public, (Calsamiglia, 2003). An example of this would be how the DSM 5 is a detailed manual that describes the symptoms of mental disorders, but the public would get access portions of this information in magazines and blogs, the process this information goes through, is popularisation. In this example, the magazines and blogs would then become the public's point of referral around the topic of mental disorder. Psycholinguistics describes this process as semantic memory and goes on to describe how an altered form of information (in this case the popularised psychodiagnostics information) would elicit a different response because the factors that would create the initial response were changed (Church & Hanks, 1989; Ober & Shenaut, 2006). The students'

semantic memory could be an over or underestimation of the significance of the mental disorder, each of which elicits potentially dangerous responses.

This combination of theories within a multicultural and multilingual context like South Africa forms both the gap in the literature and would add to the already existing information around popularisation and psycholinguistics. It is through the uncovering of the effects of popularised psychodiagnostic information on the stigma surrounding mental health that this research seeks to make a difference. The difference to be made would be the result of identifying how this problem is unique in a South African context and giving students the tools to be able to deal with and identify areas of their own mental health.

Popularisation

Popularisation is a two-stage model that consists of the creation of knowledge, followed by the simplification of that knowledge to promote the accessibility of that information (Hilgartner, 1990). This model has an important place in human history. The root of popularisation is found in learning, where the simplification of concepts makes knowledge accessible for different groups and creates a platform for knowledge to be expanded on. The creation of knowledge occurs when experts discover or create new concepts and theories that are specific to their respective fields. The simplification of knowledge occurs when these specific concepts and theories are only explained partially. Examples of the popularisation of this information can be found in many areas of our learning systems such as in museums, and art, it is important to understand that the information that lies in these examples may not have details retracted, but the information available may not be understood by the population who are not experts in these fields. It is here where the simplification of this information provides accessibility. The accessibility of this knowledge can, however, have negative consequences. Just as the simplification of fire as something warm could mean that someone ends up getting burnt; the popularisation of scientific terms could mean danger for those who interact with these phenomena.

The dangers of popularisation, however, can be found in the omission of certain details when these topics are being addressed. This is found more common than not in the literature about subject-specific information, that is addressed to the people who are

not subject-specific professionals like on social media sites (Myers, 2003). It leaves the professionals with concerns around how this information is being portrayed, to whom, and what omissions have been done. The popularisation of science has created undefined boundaries within scientific discourse by omitting and redacting some of the details that create scientific knowledge that is both genuine and specific. The answer to this problem occurs through popularisation discourse analysis, a process that sees papers being rewritten into a language that makes the information and details within scientific fields more accessible, (Calsamiglia, 2003). This is evident in how the public's main access to scientific knowledge is through media outlets like the news rather than from papers written by academics, and even if the public decides to read papers, the jargon present in the papers makes the information inaccessible to those who are not professionals in that field.

The fact that popularisation has been identified should mean that the negative effects of the simplification of concepts and theories have been nullified (Calsamiglia, 2003). This, however, is only an incomplete goal for the many medical fields where there is popularisation discourse that has not been managed. This is especially true within the stigma around the diagnostics of ailment or illness in public spaces. The importance of establishing the boundaries and effects of popularisation within these fields is found in how the misrepresentation or omission of symptoms, severity, commonality and duration of diagnoses, may create a public stigma characterised by dismissive behaviour rather than acceptance and help-seeking behaviour. Specifically, in the field of psychodiagnostics, where the diagnostic factors of mental illness' have been published in the *Diagnostic and Statistical Manual of Mental Disorders 5* (2013); there have been few incidents of popularisation discourse analysis, especially within a South African context. The current discourse of psychodiagnostics sees the unveiling and defining of mental illnesses by professionals for professionals, this is then aided by popularisation discourse as a means of making this information accessible to the public, but the way that the information is altered for accessibility needs to be closely monitored (Calsamiglia, 2003). The danger that lies herein is that the popularised version of mental disorders that has been portrayed to the public may create a stigma that underestimates the clinical significance of psychodiagnostics.

Psycholinguistics

Psycholinguistics, as a culmination of psychological sciences, the process of language learning, and the impact of language on behaviour provides an insightful theoretical framework through which to explore fitting supportive theory to trying to explain the effects of popularisation. Psycholinguistics is a theory that deals with the reasons why people tend to use colloquialisms or jargon that is otherwise foreign to them, (Glucksberg, 2003). Language has three components, namely conceptualisation, formulation and articulation (Griffin & Ferreira, 2006). Conceptualisation in this context refers to how the person understands the words they are saying, the formulation in this context refers to the syntax they use in their words, and finally, articulation is how they choose to say the word (Griffin & Ferreira, 2006). These words can thereafter produce a reaction based on numerous dependents, the person may react emotionally, physically or choose not to react at all, but it is the words and the person's understanding of the words that create the reaction.

The relationship between understanding and language is based on experience and context. This is also called semantic memory (Ober & Shenaut, 2006), and is responsible for how people have their personal understanding of language. In practice, semantic memory is the culmination of a person's own experiences and information shared to them by other people, a good example of this is how a parent would say to a child, "Be careful, the stove is hot!". Using the same metaphor, the child would be able to identify the danger based on the words the parents used in the sentence (Glucksberg, 2003), they would be able to identify words like 'be careful', and 'hot', and would be able to make the connection that negative consequences may follow if they touch the stove. The child now knows that the stove is dangerous without having to experience pain. On the other side of the coin, if the child has touched a hot stove and burnt themselves in the past, they would have their own experiences to draw on if they touch the stove again. Semantic memory brings into question the boundaries surrounding the idea that information from other people in power, can be generally accepted without the need for an inquiry into whether their information is only partially true or not.

Psycholinguistics also explains the reasoning behind the use of hyperbolized metaphors. Using an example to explain the effects and reasoning for the use of

metaphors we can get more insight. In this example, a student might say that during their exam period they feel depressed. For the sake of this example, we can assume that the student has no diagnosis of depression but rather is comparing their emotions to that of those a person with depression may experience. This example and the explanation of the metaphor is key in describing the relevance of using extreme examples of specific attributes to describe lesser examples of that exact attribute (Glucksberg, 2003), the student is in no way experiencing depression, but by hyperbolizing their attributes the reader has a better idea of how the student is feeling. The reaction to the phrase is then changed and can be described in one of two ways, either the student's feelings are taken as more severe because of the readers understanding of depression, or the person views depression as less severe because their perception of the student's feelings reveal that they aren't life-threatening. This brings back into question the boundaries around how over-simplification in comparisons can create varying meaning and significance to each of the people who read it based on their semantic memory (Glucksberg, 2003; Ober & Shenaut, 2006).

The relevance of psycholinguistics in the setting of this research is to be able to describe and predict the processes and reactions that occur during the uses of metaphors, hyperboles, and even everyday jargon that a person may not be used to. Psycholinguistics as a theme also highlights the significance of the source of a person's information as a tool for predicting their reaction, going back to the lawyer example, the person's view of the lawyer would be inherently based of their experience and information gathered on sharks which would leave them to make their own decisions. This is especially important when thinking about the context in which this research is done. South Arica is known for being a multi-cultural hub and this would, therefore, imply that the semantic memory and the sources of information for everything would be widely spread from folk tales to academic writing depending on the person's socioeconomic access. Psycholinguistics would serve as a lens in describing and predicting how the popularisation of science would affect the public stigma around the clinical severity of psychodiagnostic terms, it leaves room for multiple outcomes, from creating a dangerously vague and ignorant understanding to having a detailed and accepting attitude, both of which are dependent on the individuals own experiences (Church & Hanks, 1989; Ober & Shenaut, 2006).

2.3. Conceptualisation

- **Bipolar Affective Disorder (BAD):** For the purpose of this research, this disorder will be explained in terms of its symptoms as stated in the DSM 5 (2003). This format allows for the testing of the student's understanding of the clinical severity of the disorder in the questionnaire by asking them to pick out from a list of symptoms provided, which are experienced by a person with BAD. The identification of the popularisation of BAD would be the acknowledgement and selection of a misconception as an actual symptom in the questionnaire, for example, if the participant believed that a person with BAD experiences multiple episodes of mania in the same day. This would entail that the participant's semantic memory around BAD is oversimplified or incorrect.
- **Major Depressive Disorder (MDD):** For the purpose of this research, this disorder will be explained in terms of its symptoms as stated in the DSM 5 (2003). This format allows for the testing of the students' understanding of the clinical significance of the disorder in the questionnaire by asking them to select from a list of symptoms provided, which are experienced by a person with MDD.
- **Mental Health:** Is understood as encompassing an individual who is self-aware of; their own abilities, how they deal with stress, their productivity and goals, and their contribution to society, (Galderisi, Heinz, Kastrup, Beezhold, & Sartorius, 2015). For the purpose of this research, this definition will be added to the World Health Organisation's (WHO, 2016), which goes on to say that mental health is not merely the absence of mental disorders, (like Obsessive Compulsive Disorder, Bipolar Affective Disorder, and Major Depressive Disorder), but also includes socioeconomic, biological and economic factors.
- **Metaphor:** Glucksberg (2003) uses psycholinguistics to explain that a metaphor is a comparison between two things, based on a shared characteristic, they are often used to exaggerate the shared attribute. This is how metaphors will be referred to in this research and will refer predominantly to the metaphors used when psychodiagnostic terms are used to describe people's everyday feelings. An example of this would be if a student said that

exams made them depressed, but they have no previous diagnosis and only use the word depressed to make a point of reference to how they're feeling.

- **Obsessive-Compulsive Disorder (OCD):** For the purpose of this research, this disorder will be explained in terms of its symptoms as stated in the DSM 5 (2003). This format allows for the testing of the students understanding of the clinical significance of the disorder in the questionnaire by asking them to pick out from a list of symptoms provided, which are experienced by a person with OCD. The identification of the popularisation of OCD would be the acknowledgement and selection of a misconception as an actual symptom, for example, if a participant believed that they have OCD because they enjoy washing dishes. This would entail that the participant's semantic memory around OCD is oversimplified or incorrect.
- **Popularisation:** This is a model of simplification that has two stages. In the first phase, scientists create genuine specific knowledge. In the second phase, the public uses this information in a grossly simplified context, (Hilgartner, 1990). This research seeks to investigate how the popularisation of psychodiagnostic terms affects the perceived clinical significance of mental illness.
- **Psycholinguistics:** The incorporation and combination of theories, where psychological science meets the process of language learning and the impact of language on behaviour (Glucksberg, 2003). In this research psycholinguistics is a tool being used to explain the processes that occur in the usage and reaction to the popularisation of psychodiagnostic terms.
- **Semantic memory:** The relationship between understanding and language is based on experience and context. This is also called semantic memory, (Ober & Shenaut, 2006), and is responsible for how people have their personal understanding of language. Semantic memory will be used to discuss the difference in the stigma that each student has around mental health. If a student's experience of OCD is the result of a poorly popularised social media representation of the mental disorder, their semantic memory, or the

experiences they would draw on when dealing with themes of OCD would be characterised by this social media-representation.

- **Stigma:** the multi-layered theme of stigma is referred to as the feelings, attitudes and behaviours concerning mental illness, (Flynn, 1987). The stigma referred to in this research is that of the student of tertiary institutions in South Africa and is in relation to the popularisation of psychodiagnostic terms. An example of the stigma around mental illness would be if the student thought that a person with MDD wouldn't seek therapy or treatment because the disorder isn't significant enough. This stigma would arise from the way the student understands MDD, and not around the clinical interpretation of MDD.

Research Design and Methodology

3.1. Paradigm

Positivism is a paradigm that is characterised by its objectivity which posits that reality is stable and governed by laws (Nieuwenhuis, 2020). This paradigm assumes that every known interaction can be observed and measured, based on the fact that these laws and relationships equate to predictability in every field (Nieuwenhuis, 2020). The information one would receive from research with a positivist paradigm is objective, empirical and causal, this is based on evidence from experiments that consist of a dependent and independent variable (Nieuwenhuis, 2020).

These themes are generally discussed within the guiding's of an interpretivist paradigm, and this paradigm would allow the researcher to be able to engage more with the themes and the participants in a deeper and more detailed fashion that would allow for the thematic analysis of their responses to describe their interpretations of the popularisation of mental health (Nieuwenhuis, 2020). These interpretations would then be documented with open-ended questions that would excel in attaining individual and personal information of how the participants would describe mental disorders. However, the quantitative nature of this research, in line with keeping the exchange of information around topics of psychodiagnostics and semantic memory as ethical as possible, means that positivism is the best approach for this research. Using questionnaires as the data collection method, the information could be collected from the participants around stigma, and the perceived severity of psychodiagnostic terms in an objective manner. The questionnaires will be made up of a majority of closed-ended questions to ensure that the outcomes are as objective as possible. The researchers will take no part in helping of participants during their questionnaire and will view all acquired information as being appropriate within a scientific context and can, therefore, be explained using theories of popularisation and psycholinguistics.

3.2. Research approach and design

Quantitative research is known for its objective and systematic approach to numerical data that seeks to predict outcomes based on the measured relationships between variables (Maree & Pietersen, 2020). The three most important aspects of quantitative

research are objectivity, numerical data and generalisability. Objectivity refers to the researcher's position to the research and means they take no part in any of the phenomena they are testing, numerical data refers to the data that is collected from this type of research and generalisability refers to the how quantitative research can create a sense of predictability in the tested variables (Maree & Pietersen, 2020).

The methodology for this research is quantitative in nature because the qualification of the researcher is not high enough to deal with these topics in an open-ended environment. This methodology allows for a closed-ended questionnaire to be used to allow the researcher to attain information around the topics of mental illness while ensuring the participants are not placed in any harm. The research question seeks to explain the relationship between popularisation and the perception of mental health of students of in tertiary institutions. The research is deductive as it hopes to prove that the popularisation of psychological diagnoses may have an effect on the perceived clinical significance of mental health. This research is cross-sectional because it will only be happening at one point in time, around one set of results.

3.3. Population

3.3.1. Population

The population refers to a collection of entities, with similar characteristics, from whom you would like to gather data (Litt, 2010), which in this case would-be students. Population parameter refers to the characteristics of the population that will be used to describe the participants (Salkind, 2010). The parameters include that the participants must be students between the ages of 18 and 25 years old, and there are no restrictions on gender, sexuality, race, culture or religion

3.3.2. Unit of analysis

The unit of analysis would be the entities that the data is taken from (Pole, Bondy, & Salkind, 2020), in the case of this research the unit of analysis is individuals.

3.3.3. Target and accessible population

The target population refers to a subset of the population that has a similar shared characteristic (Litt, 2010), which in this research would be specifically university students. The accessible population would be the subset of the target population that the researcher has access to (Maree & Pietersen, 2020), which in this research, would include students from both government and private tertiary institutions that the researcher has access to using their social media.

3.3.4. Population parameters (characteristics)

The population parameters refer to the characteristics that define the population, which makes them unique (Maree & Pietersen, 2020). The characteristics of this population would be students of both private and tertiary institution, between the ages of 19 and 25, from multiple racial backgrounds. There are no restrictions on gender, sexuality, culture or religion.

3.4. Sampling

A sample refers to the selection of participants in research, whether it's a person or an object, sampling can occur as either probability or non-probability sampling (Salkind, 2012). The sample attained from the online questionnaires was achieved using convenience sampling. Non-probability, convenience sampling refers to a sampling technique used to collect participants based on their availability (Maree & Pietersen, 2020), the non-probability, convenience sampling in this research became who the researcher had access to using their personal social media, because of the restrictions of the pandemic.

3.4.1. Non-probability sampling

Non-probability sampling refers to a method of sampling that makes use of non-random selections from the population because of time constraints, limited finance, and a very large population. It must be noted that non-probability sampling is limiting

in how it can produce predictive results of the population (Maree & Pietersen, 2020), as this sample is only representative of a small group.

This research used non-probability sampling and used convenience sampling; this is the best option in the researcher's achievement of attaining information from its 32 participants with the questionnaires. By accessing the participants through social media in a non-probable manner, it leaves the participants' involvement in the study to their discretion.

3.4.2. Sampling method

Convenience sampling is a subsection of non-probability sampling that selects participants based on how easily and conveniently they are accessed. This method is both quick and cheap and is limited in its production of predictability, (Maree & Pietersen, 2020).

There are elements of volunteer sampling being used to attain participants for the research, these aspects include self-selection and discretionary contribution, (Maree & Pietersen, 2020).

The sampling method used employed social media as a way to gain participants to join the study. The method used Instagram where a 'story' was posted on the researcher's personal profile asking people to fill out a questionnaire after a small description of the research topic was given. There was a total of 32 participants who completed the questionnaire, all of whom were students and eligible for the research. The access to outside participants was limited by a global pandemic which restricted the handing out of questionnaires to people who are not affiliates of the researcher, which is why social media was used as a tool to gain participants. The disadvantages of this sampling method are that the sample was taken from a small group of people and are not reflective of the population, and that non-probability sampling is not ideal for creating a representative sample, and is not entirely random which could result in bias'. The advantages are that this platform would have given direct access to the student's and that the questionnaires could be completed from the safety of their home.

3.4.3. Sample size

The sample is made up of 32 students who are diverse in terms of their age, race and home language but are all students of a tertiary education institute. The goal of at least 25 students was achieved with the researcher having to close the questionnaire because the number of participants was likely to increase further (as advised by their supervisor).

The sample is however not reflective of the greater South African population, as the majority of the participants were 23 years old (21.9%), white (71.9%), and English speaking (78,1%) students this is a limitation as it does not create enough of a representative sample, the sample was also taken from a potentially closed group, the group is people that the researcher knows, which is a limitation to the greater representative aspects of the sample. The sample was, however, able to contribute to the research based on their experiences of the popularisation of psychological diagnoses with 87.5 % of the sample having been exposed to other people using psychological diagnoses in a popularised way.

3.5. Data collection

3.5.1. Data collection method

Questionnaires are a form of data collection that requires the participants to complete a measure consisting of closed-ended questions that creates either categorical or numerical data (Maree & Pietersen, 2020). The data collection method for this research will be a questionnaire. This method allows for anonymity around the potentially personal subject matter and would make it easier for the participants to answer openly and truthfully. The questionnaires are more easily accessible by the target population and are cost-effective. This research deals with mental illness, a potentially difficult topic for some people to talk about, using a questionnaire, difficult interactions which may put the participants at risk will be avoided. The beginning of the questionnaire will require the participants to select, from a multiple-choice format, their age, gender, home language, type of schooling and the information source from which they first learned of mental health diagnoses. The rest of the questionnaire will be made of closed-ended questions using a multiple-choice format to promote

objectivity. This method links to the positivist paradigm as it engages purely with physical data (Nieuwenhuis, 2020), and used data to explain the relationship between the popularisation of psychological diagnoses and the perceived clinical significance of mental illness. This data collection method is objective and shows relationships between the variables that can be proved with data, which is descriptive of the quantitative and positivist nature of the research.

For the theme of popularisation of psychodiagnostic terms, the items were being made up of some of the correct symptoms, as stated in the DSM 5 (2013), and some of the misconceptions about the mental illness, in the questionnaire the participants are then asked to select all the correct symptomology for the appropriate mental disorder, examples of the items can be found in questions 13-15 in the measure provided in the appendix. It is coded in this way to give insight into which of the mental illnesses have been popularised, and how semantic memory affected this popularisation. The collective answers of the questionnaire pertaining to; whether the participants have used psychodiagnostic terms in a popularised way; what the source of their semantic memory is; and which of the misconceptions they believed to be true, will give insight into whether or not the popularisation of the psychodiagnostic terms affects its perceived clinical significance, this relationship is evident in how the participants who selected popularised sources like social media as the source of their knowledge around mental illness chose more misconceptions and identified less correct symptoms. The questionnaires were completed online using Google Forms to ensure that the participants can keep their anonymity if they choose, and maintained social distancing regulations to protect them from possible contact to the Covid-19 virus from physical questionnaires.

The identification of the popularisation of psychological diagnoses like Major Depressive Disorder; Bipolar Affective Disorder and Obsessive-Compulsive Disorder, would be seen as affecting the perceived significance of mental illness, if the participant was able to identify popularised use of psychometric terms in their previous speech and of those around them, as well as if the selected misconceptions as true representations of the mental disorder. This entails that the participant's semantic memory around MDD; BAD and OCD is oversimplified or incorrect. To contextualise this, the students were asked in the questionnaire to select the correct symptoms of psychological diagnoses from items that consist of correct symptoms and false

misconception of the mental illness. The participant's stigma will be made evident in the questionnaire in an item that requires them to share whether or not they have used a psychodiagnostic term in a popularised way (as a metaphor, hyperbole or as a joke), and will require them to select from a list which psychodiagnostic terms they have used in this way. If the participants identified with having used the popularised language and selected popularised sources as their core knowledge around mental illness, then it would show that popularising psychological diagnoses does have an effect on the perceived clinical severity of mental illness, as stated in the hypothesis.

3.5.2. Data collection application

The data collection happened as follows. The researcher posted an Instagram story stating that there was a link in the researcher's profile that would take them to a questionnaire about the effects of popularisation on the perceived clinical significance of mental illness. In this story, the prospective participants were told that only students could take the questionnaire and that they will remain anonymous throughout the whole process. The numbers for Lifeline were also added to the researcher's profile at this time because of the sensitivity of the questionnaire topic. This method introduces limitations around the sample not being representative of the population, as the sample only included participants who are associates of the researcher, who may have answered questions in an attempt to prove their research.

The questionnaire was a 15 item measure that started with biographical questions, then moved on to the identification of popularised psychodiagnostics in colloquial language, identifying their sources of information, and identifying true symptomology of mental disorder. The measure fitted with the quantitative nature of the research by being a questionnaire and exercised positivism in its aim to produce data that is representative of the relationship between the popularisation of psychological diagnoses and the perceived clinical severity of mental illness. This can be proven in the comparison between the answers in question 12 (from what source did you learn about mental disorder and mental health?) and question 13 (where students were asked to select all the correct symptomology of OCD). The data showed that 68.8% of the participants selected social media as a source from which they learnt about mental illness and that misconceptions of OCD were chosen as the correct

symptomology a total of 20 times and 57 total selections were missing from the items that contained true symptoms, this objective data reflects that the popularisation of psychological diagnoses does affect the perceived severity of mental illness.

This data collection would only have worked using a questionnaire, as the questionnaire is easily distributed, short, convenient, has closed-ended questions that make dealing with the sensitive subject of mental illness less personal, and gives categorical data. This objective and categorical data which is key on quantitative and positivist approaches were used to deduce that popularisation of psychological terms does have an effect on the perceived clinical significance of mental illness. This method of using social media as a means of distribution also meant that there was no contact between any of the participants and the researcher, a factor which is of the utmost importance during the Covid-19 pandemic.

These themes could have had more detailed information collected if the data collection was an interview, which would have consisted of open-ended questions. This would have allowed for greater detail of how the participant's perceptions of mental illness had been affected by popularisation. This is however limited by the qualification of the researcher and their ability to deal with themes of this nature, where he has yet to receive counselling training in this regard which may place the participants in danger.

3.6. Data analysis

3.6.1. Data analysis method

Descriptive statistics organise and summarise the raw data from the questionnaires using the range, mean median mode, distribution, standard deviation, correlation coefficient and probability (Pietersen & Maree, 2020). These sets of data can then be used to describe the data, for example, the average score (mean) and the score that occurred the most (mode). This would help the researchers in their drawing of conclusions and establish patterns and relationships between the variables. The mode score is instrumental in, the collection of data surrounding the perceived symptomology of the mental disorder, and to show how the semantic memory (the sources of one's knowledge based on their previous experiences(Ober & Shenaut, 2006))popularised sources affected the participant's perceptions of mental disorders.

Using standard deviation and correlation coefficient the researcher can see the spread and interrelatedness of the data respectively. In this research, the correlation between the sources of knowledge of mental illness will be compared to the incorrect selection of misconceptions and the exclusion of the correct symptoms to allow that have allowed the researcher to make conclusions around which hypothesis to reject and which to accept. This method within a quantitative methodology aims to try and produce a way of predicting the outcomes of specific relationships between popularisation of psychological diagnostics and perceived clinical significance of mental illness.

This research will use descriptive statistics to organise and summarise the data from the questionnaire. This is the best method to try and prove a correlational relationship between the popularisation of psychodiagnostic terms and the perceived clinical significance of mental illness, because of the limited time, resources, participants and qualification of the researcher.

3.6.2. Data analysis application

Using descriptive statistics as the tool for analysing the data, this research will produce predictions of the effects of popularisation on the perceived clinical significance of mental illness. The analysis has used the tools of descriptive statistics such as the mean, median and mode, to speak to the trends that occur in and around popularisation of scientific information. The use of standard deviations and correlation used in the results to speak to the effects that popularising psychological diagnoses has on the perceived significance of mental illness.

The mode will be used in the first section of biographical questions to describe the sample and how it relates to the South African context. This data brings to light the limitations of the sample, as the sample is not representative of the population, because factors such as race and home languages show that the sample is polarised towards dealing with white (71.9%), and English speaking (78,1%) students. This objective data makes prediction validity available to only a small group of people within this research.

The questions which ask the participant to identify their uses of popularised language will be analysed according to the frequency of whether they have or have not used the terms in a popularised manner. The analysis will show not only their ability to identify their popularised uses of the terms but also their exposure to other people using it in this way. In terms of frequency, the answer 'yes' they have used the terms in a popularised manner was the mode answer for each of the mental disorders, with OCD receiving 27 out of 32 answers as 'yes', Depression receiving 19 out of 32 answers as 'yes', and Bipolar receiving 23 out of 32 answers as yes. This is evident in showing that the uses of metaphors are more than present in the use of mental illness to describe less clinically significant feelings and actions.

The mode can also be used for question 12 (the source of the participant's mental illness knowledge) to describe the trends that arise from the sourcing of knowledge around mental illness. The mode answer was 'Social Media' (22 out of 32 respondents) while more formal sources of knowledge like 'scientific journals' and 'academic sources' only receiving 8 and 15 selections respectively. This data gives the research insight into which of the participants have popularised knowledge of mental illnesses. This will affect the participants' semantic memory around mental illness and shows that popularised knowledge is the most available and used source of information regarding mental illness.

The results of question 12 (the source of the participant's mental illness knowledge), has been compared to how the participants fared in questions 13, 14, and 15 (the questions that asked the participants to identify the correct symptomology for OCD, Bipolar and Depression respectively). These questions asked the participants to select the correct symptomology among the misconceptions for MDD, Bipolar and OCD. The results saw a total of 80 selections of misconceptions as being part of the symptomology of these mental disorders. Further, there were a total of 194 selections of correct symptoms that were excluded from the responses. This adds to a total of 274 incorrect responses in the questions that asked the participants to select and identify the correct symptomology. Using a positivist paradigm, the data indicates that popularised teaching and using psychological diagnoses have created an incorrect perception of the mental disorder that they try and explain. This shows that the information received from these sources has received been popularised past the point

of popularisation discourse that would have seen an equal, but, accessible explanation of the symptomology of mental disorders.

Findings and Interpretation of Findings

The results taken from this research are the product of the questionnaires completed by the 32 participants that took part. The questionnaire itself was split up into four main sections. The first was biographical, where the participants answered biographical questions based on language, race, home languages, additional languages and age. The second part of the questionnaire was where the theory of popularisation was explained to the participants, and then they were required to identify whether they (or others around them) had used psychological diagnoses in a popularised manner. The third section asked them to identify the sources from which they attained their knowledge around mental illness. The final section asked the participants to identify the true symptomology for Obsessive-Compulsive Disorder (OCD), Bipolar Affective Disorder (BAD) and Major Depressive Disorder (MDD), among common misconceptions.

Popularisation

“The Popularisation of Science is a two-stage model. In the first phase, scientists create genuine specific knowledge. In the second phase, the public uses this information in a grossly simplified context.” (Hilgartner, 1990, p. 520)

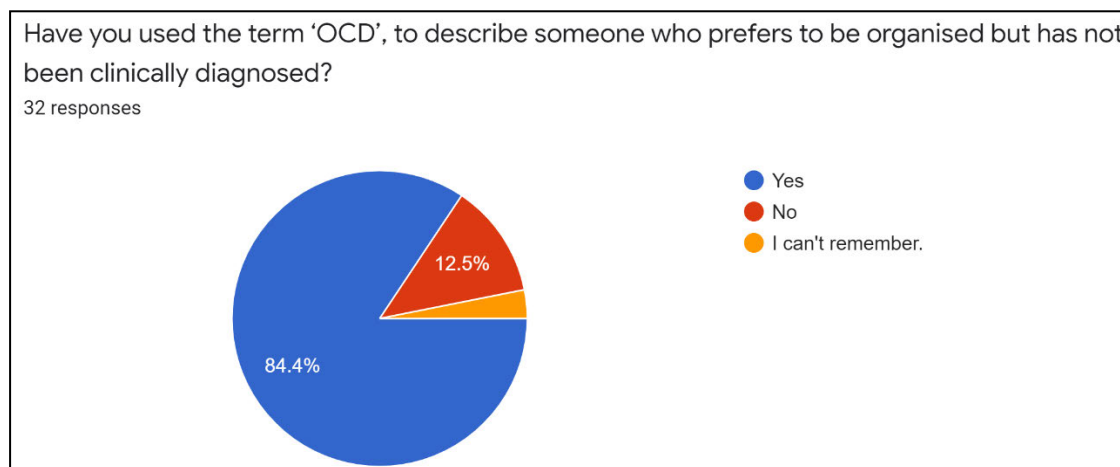
The purpose then of this research is to explain the effect that the popularisation of psychological diagnoses, had on the perceived clinical significance of mental illness. The questions used in the questionnaire are relevant in how they attain information about the students' perception of mental illness around the identification or application of popularisation in their own language through metaphors (Glucksberg, 2003), the source of their knowledge (Semantic memory) with regard to mental illnesses (Ober & Shenaut, 2006), and lastly how the popularisation discourse has affected the students' understanding of the symptomology of mental illnesses (Calsamiglia, 2003). The results gained from these sections of the questionnaire will be the deciding factor in whether the null or alternate hypothesis is accepted.

Hypotheses:

H0: The popularisation of psychological diagnoses does not have an effect on the perceived clinical significance of mental illness.

H_a: The popularisation of psychological diagnoses does have an effect on the perceived clinical significance of mental illness.

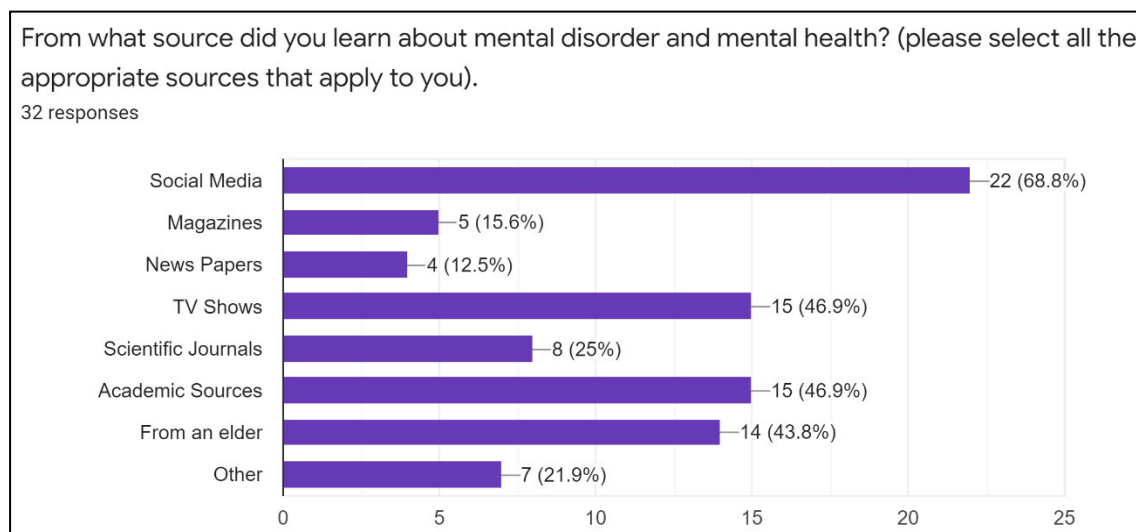
Figure 1:



Sections 2 and 3 of the questionnaire deal with the subject of identifying the popularised use of psychological diagnoses in the participant's speech, as well as that of their peers. The questions in section 3 (one of which is shown above in Figure 1) deal with whether the participants have used the terms of OCD, BMD and MDD in a popularised manner (in any manner that has been simplified, had details left-out or in a context other than clinical diagnoses). The results of the section showed that in all three cases, OCD, BMD, and MDD, the participants had used the terms in a popularised manner, with the 'Yes' option constituting 84.4%, 59.4% and 71.9% respectively. The results also showed that 87.5% of the students' reported their peers also using the psychodiagnostic terms in a popularised manner. The relevance of these results lies in the psycholinguistic use of the psychodiagnostic terms in metaphors to explain their feelings or the perception of other peoples feelings or actions. The psycholinguistic use of metaphors is a means of popularisation of these terms by using hyperbolized language to overemphasize the intensity of their feelings,

and by doing so, over-simplify the mental illness they are using in the metaphor (Glucksberg, 2003). These results show that the majority of the participants have used, and identify their peers as using OCD, BMD and MDD colloquially during conversation or text to describe feelings or perceptions that do not meet the clinical significance of these terms.

Figure 2:



The results shown in Figure 2 are indicative of the popularized sources that students use as the base of their semantic memory. Semantic memory refers to the relationship between understanding and language that is based on experience and context (Ober & Shenaut, 2006), and in the case of this item, the recollection of knowledge around mental illness would be from popularised, unverified sources. 68.8% of the participants selected 'Social Media' as a source from which they learnt about mental health, this figure is evidence as to how knowledge is transferred in the modern era. 'Social Media', 'Magazines', 'Newspapers', 'TV Shows', and 'From an elder', are the options in this item that have the most risk of teaching the students over-simplified and incomplete versions of the mental illnesses that they use in Figure 1. The problem with learning about mental illness from these sources is that these sources use popularisation as a tool to make scientific knowledge more accessible to the public, however, this does not mean that the knowledge learnt from these sources has maintained the same detail and accuracy as the 'Academic Sources' and 'Scientific

Journals' that they originally gained the information from, this phenomenon is known as the popularisation discourse (Calsamiglia, 2003). The problem of popularised sources is especially important within a South African context, where the communication on these platforms can also see the expression of multiple languages (Beukes, 2006). The languages represented in this research by the participants are English, Afrikaans, Zulu, Xhosa, and 'other' languages, the communication between people with different home languages means that during the process of translation, meaning and detail is often lost, this added to the language exclusive academic journals promotes inaccurate transference of knowledge within the sources that are used as semantic memory.

Figure 3:

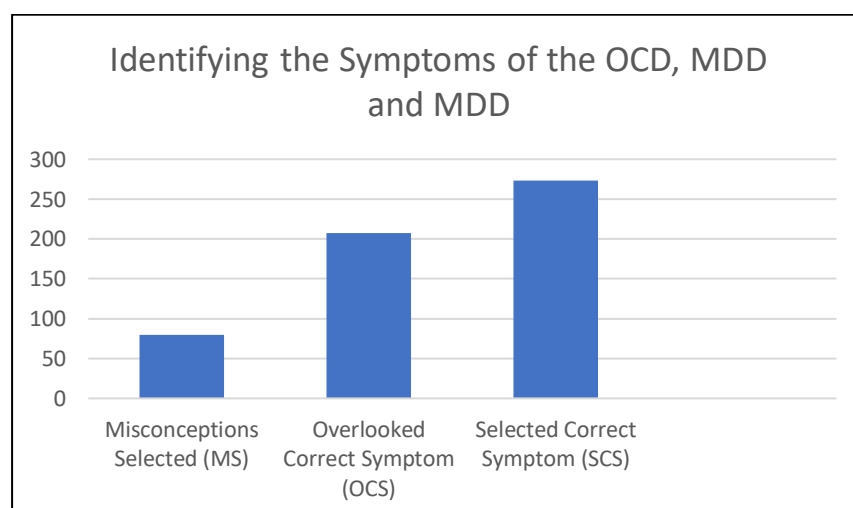


Figure 3 deals with the combined totals for the final section of the questionnaire. This section asked the participants to select the correct symptomology among some common misconceptions. They were asked to identify the symptoms of OCD, BMD, and MDD. The results attained from each question are as follows; Obsessive-Compulsive Disorder had 20 MS, 57 OCS and 103 SCS; Bipolar Affective Disorder had 36 MS, 78 OCS and 82 SCS; and finally, Major Depressive Disorder had 24 MS; 72 OCS and 88 SCS. There was a total of 560 answers in total, misconceptions selected made up 80 answers (14.29%), overlooked correct symptoms (The correct symptoms that were not selected) made up 207 answers (36.96%) and selected

correct symptoms (the correct symptoms that were selected) made up 273 answers (48.75). the mean for these categories were 2.5 misconceptions per participant, 6.47 overlooked correct symptoms, and 8.5 selected correct symptoms.

The results gathered from the questionnaires is indicative of the level of popularisation felt by the participants. Through each section of the questionnaire, the mode answers, or the answers that appeared the most in each question were those most closely related to a popularised understanding of psychological diagnoses in section 2, the majority of the answers when asked if they have identified the colloquial use of psychological diagnoses in their own speech and others' speech was yes. This item is key in describing the participants' perceived significance of these psychodiagnostic terms, the psycholinguistic use of metaphors in this context means that the participants do understand that the expression of their feelings is better understood through the hyperbolising of the characteristics of their feelings or actions (Glucksberg, 2003), like depression as a hyperbole for sadness or OCD as a hyperbole for organised. It can then be assumed that the extent to which the participants understand the clinical significance of these mental illnesses is great, but this item does not indicate the detail or accuracy in which the symptomology or clinical characteristics can be recalled or identified by the participants.

Figure 2 shows that, while the more formal publications of mental illness form some of the semantic memory of the students, they are overshadowed by their more accessible counterparts, with social media being the mode answer in this item. The mode score of figure 2 is relevant in explaining the sourcing of the information that the students use as their semantic memory when dealing with items like those found in section 4 of the questionnaire (the questions that asked the participants to identify the correct symptomology among the misconceptions) (Ober & Shenaut, 2006). With there being no formal judiciary system around the accuracy and detail of information shared on social media around the topic of mental illness, it can then be assumed that the semantic memory of the student could be the product of the oversimplification (Myers, 2003), mistranslation (Beukes, 2006) and omission of symptomology (Hilgartner, 1990). This assumption can be made because even those students who identified formal publications like academic sources and scientific journals as their source of information with regard to mental illness, selected misconceptions and overlooked the correct symptomology.

The results from figures 1 and 2 translate directly into the poor results achieved by the participants in section 4 of the questionnaire. Section 4 required the participants to select the correct symptomology for each of the mental illnesses among the misconceptions. Before these results are discussed it must be noted that the process of popularisation sees scientific knowledge (in this case symptomology) being oversimplified and having details overlooked to make it more accessible to those who are not professionals within that field (Calsamiglia, 2003; Hilgartner, 1990). Now, looking at the results from section 4, the misconceptions selected were totalled at 80 out of a possible 480 (assuming you scored all the misconceptions separately), this result may make it seem like the students are well versed in their knowledge of mental illnesses that were used in the questionnaire. This, however, is only one part of the item, the identification of the correct symptomology (which was taken from the Diagnostics Statistical Manual 5 of mental disorders (DSM 5, 2016)) where the students totalled 273 correct identifications of the symptomology for the mental illnesses. This score means that out of a total of 480, the students only managed to correctly identify 273 or 56.88%. The effects of the popularisation of the psychological diagnoses show that the students overlooked 207 correct symptoms.

Validity and Reliability / Trustworthiness of Findings

Validity

The trustworthiness of any research is subject to its internal and external validity. Internal validity refers to the researcher's ability to control variables within the research (Maree & Pietersen, 2020), for example in this researcher's questionnaire, popularisation of psychodiagnostics are controlled through the requirements by the items of the participants to select the correct symptoms for each mental disorder and not the misconceptions. External validity refers to how these results can be used to make generalisations about the population (Maree & Pietersen, 2020), which this research can make with South African tertiary students not included in the study, but who would be represented by the attained sample.

This research is cross-sectional, which means the research and data will be based on one period of time and testing. This means that historical factors between tests would not be an issue. The group of participants are selected as the result of non-probability, convenience sampling, which means that this research will struggle to make generalisations about the population outside of this sample as the sample is not representative of the tertiary students of South Africa. Participants may have answered the questions in an academic manner rather than how they might answer colloquially as a result of the testing effect (Maree & Pietersen, 2020), there is however no pretesting so their answers will not be affected by that or statistical regression. The measuring system is the same for each participant, however, their interpretation of the answers may differ depending on their semantic memory around mental disorders (Ober & Shenaut, 2006). Attrition is not an issue as the research attained 32 participants who only have to complete the questionnaire once. Mortality was not a factor during the research, even though it occurred during a pandemic.

Factors that could have affected the external validity of this research were addressed as follows. The participants were selected based on non-probability convenience sampling that promotes non-random selection, however, the extent of the non-random selection means that the sample may not produce generalisable results as described by insufficient realism, this is extended in that the sample was selected by a small group i.e. associates of the researcher's social media account (Maree & Pietersen, 2020). Ecological validity is of utmost importance in the reproduction of this researches

results, it must be noted that this research happened during a pandemic which would affect the availability of participants because the access to participants was restricted. The demand effect was of little importance when distinguishing how the participants are affected by the testing effect, this means they are aware of what is being tested, because the participants are being tested of their knowledge of mental illnesses, this effect wouldn't have changed the result if it did it would have been controlled with regards to the popularisation of psychodiagnostic terms in the questionnaires using the multiple-choice, closed-ended, the wording of these items will avoid leading the participants to either the correct symptomologies or the misconceptions. The independent variable is easily explained as a process of simplification that is explained in the literature review. Sensitisation is not a factor as there was no pretesting, and the same instrument is being used for each participant means that this did not affect the validity.

Face validity was taken into account as the item's measure what they are supposed to measure, which is the effects of the popularisation of psychodiagnostic terms on the perceived clinical significance of mental disorders. Content validity will be addressed in how the instrument will cover the aspects of popularisation from uses as metaphors, to colloquialism to semantic sources, and the symptomology of the mental disorders being taken from the DSM 5. Construct validity will be addressed by the separating of test items by the mental disorders to ensure that standardisation is achieved. Criterion validity will be difficult to test as there are funding limitations on this research, which means there will be no access to previous types of testing instruments.

Reliability

Reliability is instrument focused and requires that tests can be repeated at different stages and provide the same results (Pietersen & Maree, 2020). Test-retest reliability was utilised as a means of improving the reliability of the measure, the participant who willingly contacted the researcher to say they had participated, retook the test and achieved no better in any of the symptomology based sections, this shows that even though they had seen the test more than once, they were no more likely to achieve a better result. Equivalent forms test is possible, but time restrictions also limit the extent to which equivalent forms of a test can be produced. Split-half reliability can be utilised in this research as a method of ensuring reliability, the model for the items that test the

popularisation of psychodiagnostic terms as mentioned in the methodology (the mixture of correct symptomologies and misconceptions) is key in providing a reliable platform for the basis of the split-half reliability testing. This model for items also aids in proving internal reliability that would promote a sense of sameness between the items that are testing for the popularisation of psychodiagnostic terms.

Conclusion

6.1. Summary of findings as they relate to the research question, problem, hypotheses or objectives

The majority of the student's use of popularised sources as the basis of their semantic memory (Social media at 68.8%, Figure 2) and colloquial use of psychodiagnostic terms through metaphors (where 84.4% admitted to using OCD in a colloquial manner, Figure 1) has resulted in a mediocre ability to recall and identify the correct symptomology for three relatively well known mental illnesses. This means that the popularised sources of knowledge have created a deficit between the academic understanding of mental illness and the publics' understanding of the mental illness (Calsamiglia, 2003). The research can then dismiss the null hypothesis in favour of the alternate hypothesis which states that the popularisation of psychological diagnoses does have an effect on the perceived clinical significance of mental illness.

6.2. Anticipated contribution of the study (Implications of findings)

This research proves that there is a correlational relationship between the popularisation of psychodiagnostic terms and the perceived clinical severity of mental illness. This was achieved by proving that the sources of the information used in the semantic memory of the participants are insufficient in helping them understand the full clinical significance of mental illness. The research found that the participant's semantic memory around mental illness is based on popularised versions of the academic writings through social media and not directly from the writings themselves, resulting in the oversimplification and omission of important symptomatic details. The research found that the popularising of psychodiagnostic terms in a colloquial fashion using metaphors is quite common depending on which home language is spoken. The researcher found that the more the participant's semantic memory is based on social media and informal writing, the more misconceptions they will believe as being true symptoms of the mental illness.

This research will contribute to the knowledge base of popularisation and psycholinguistics, as well as make the scientific and public community aware of the effects of popularisation of psychodiagnostic terms on the perceived clinical

significance of mental illness. Especially in the context of diversity in South Africa. This research highlights the importance of monitoring the popularisation discourse of not only psychological terms but scientific terms as well. This research will speak to the importance of ensuring that people who do not have English as a first language, have a full grasp on psychological jargon and highlights the importance of accessibility in diagnostic fields in order to promote mental health.

6.3. Ethical considerations

The ethical considerations put forward in the section were put into effect to protect all parties involved.

The first step was a requirement that this research is granted permission by The Independent Institute of Education's Research Ethics Committee before going forward with the research.

Ethical issues affecting the researcher

Misusing information: the information gathered in this research will be used solely for this research. The participants will be first asked for their permission before it would be allowed to be used elsewhere. There will be no elements of bias, discrimination, deception or exaggeration around the results or any of the information attained.

Falsifying information: There is no falsifying of any information, there is complete transparency around how the results were attained and there is supervision happening throughout the research process to reaffirm this.

Using inappropriate research methods: The methods used in this study were pre-cleared by an ethical board to ensure that no harmful, or incorrect methods are used.

Ethical issues affecting the participants

Informed consent: Participants were formally required to give consent to taking part in the research, as well as allowing for their data to be used from the questionnaires. Participants will be explained to formally, what the research entails, and how their data will be used. There will only be willing participants in this research, and the researcher

has informed the participants that should they feel they want to pull out of the research at any time, they are welcome to do so without repercussion.

Collecting data: The anonymity and privacy will be maintained in the research by allocation numbers to the participants instead of names should they be specifically referred to in the research. None of the participant's contact details will be made available. All data will be treated as strictly confidential as the information is marked as personal.

Avoiding harm: There will be no questions in the questionnaire that can cause any harm to the participants. This research is done using a quantitative methodology to ensure that closed-ended questions are used to protect the participant's anonymity.

The results of this research will be made available online in the archives of a private tertiary institution, should anyone wish to scrutinize any of the paradigms, calculations or analysis methods, however, none on the participant's or researchers personal information will be shared with the research.

6.4. Limitations of the study

The limitations of this research fall into the categories of resources, time, qualification and methodology. There was no income earned during this research, meaning there was limited access to literature and instruments, mobile data for participants and living expenses for the researcher. There are limitations of time that would be the result of due dates and the Covid-19 pandemic restricting the type of access and encounters with supervisors. The researcher, having not achieved their postgraduate degree yet, and therefore is not equipped to deal with the themes of mental illness in an open-ended environment, is a limitation in determining how the participants have experienced or encountered experiences of mental illness, which may have affected their conceptual understanding of the psychodiagnostic symptomology of the mental disorders named in the study. This restriction means that there had to be changed in the methodology that would create limitations around the size of the sample, the population chosen and the data collection method. The sampling, in particular, is limiting in that the result can no longer be viewed as predictive of the population because the samples are non-probability and convenience sampling.

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Annexures

8.1. Annexure A – Consent and Questionnaire.

8/26/2020

The Popularisation of Psychological diagnoses and how it effects the perceived clinical significance of mental illness.

The Popularisation of Psychological diagnoses and how it effects the perceived clinical significance of mental illness.

Please know that you may stop doing the questionnaire at any time for any reason. The information you have shared will then be deleted. Should you feel at any point that you require counselling for any reason, you can contact Lifeline on 086 133 2332. Please feel free to contact the researcher should you have any queries.

* Required

1. By taking Part in this questionnaire it is assumed that you have given consent to the researcher to use the information you provided for the purpose of their research. *

Mark only one oval.

☐ I give consent

2. How old are you? *

Mark only one oval.

- ☐ 18
☐ 19
☐ 20
☐ 21
☐ 22
☐ 23
☐ 24
☐ 25
☐ 26
☐ Other

https://docs.google.com/forms/d/1VVoyLAIsOVXUCw0QPK7JO6mWs_FyhVkkRzgdS6BbBzA/edit

1/7

3. What is your home language?

Check all that apply.

- ☐ English
- ☐ Afrikaans
- ☐ Zulu
- ☐ Xhosa
- ☐ Venda
- ☐ Pedi
- ☐ Sotho
- ☐ Tswana
- ☐ Swati
- ☐ Tsonga
- ☐ Ndebele
- ☐ Other

4. What other languages can you speak fluently? (you may select more than one).

Check all that apply.

- ☐ I only speak one language fluently.
- ☐ English
- ☐ Afrikaans
- ☐ Zulu
- ☐ Xhosa
- ☐ Venda
- ☐ Pedi
- ☐ Sotho
- ☐ Tswana
- ☐ Swati
- ☐ Tsonga
- ☐ Ndebele
- ☐ Other

5. What is your race?

Check all that apply.

- ☐ Black
☐ White
☐ Indian
☐ Coloured
☐ Other

6. Are you studying at a Tertiary Institution?

Mark only one oval.

- ☐ Yes
☐ No

Popularisation

Popularisation is a process that simplifies specific scientific knowledge so that the public can have access, and understand what is being claimed. For example, when people use the term 'schizo' or 'schizophrenic' to describe someone who is restless and paranoid, but the person has no previous clinical diagnosis. The term Schizophrenia is used in a simplified context to explain how the person perceived the other person's actions, although the person probably hasn't been diagnosed with Schizophrenia.

7. How well do you understand the process of popularisation?

Mark only one oval.

- ☐ I fully understand it.
☐ I sort of understand it.
☐ I do not understand it.

Please select Yes or No for the questions that follow.

8. Have you used the term 'OCD', to describe someone who prefers to be organised but has not been clinically diagnosed?

Mark only one oval.

- ☐ Yes
☐ No
☐ I can't remember.

9. Have you used the term 'depressed' , to describe the sadness that something makes you feel, like losing a competition or after an exam, without any prior clinical diagnosis?

Mark only one oval.

- ☐ Yes
☐ No
☐ I can't remember.

10. Have you used the term 'bipolar' to describe someone who seems to change moods regularly, without any prior diagnosis?

Mark only one oval.

- ☐ Yes
☐ No
☐ I can't remember.

11. Have you heard anyone else use the psycho-diagnostic terms (Depression, OCD and Bipolar) in this way?

Mark only one oval.

- ☐ Yes
☐ No
☐ I can't remember.

12. 6.7. From what source did you learn about mental disorder and mental health?
(please select all the appropriate sources that apply to you).

Check all that apply.

- ☐ Social Media
- ☐ Magazines
- ☐ News Papers
- ☐ TV Shows
- ☐ Scientific Journals
- ☐ Academic Sources
- ☐ From an elder
- ☐ Other

Please select all of what you understand to be the the correct diagnostic factors for each of the Mental Disorders below:

Diagnostic factors are the symptoms, actions and processes that a psychologist would look for before diagnosing a patient with a mental disorder.

13. Obsessive-Compulsive Disorder (OCD) :

Check all that apply.

- ☐ OCD is when a person is organised.
- ☐ OCD is a Personality Disorder.
- ☐ OCD is a Mental Disorder
- ☐ OCD gives you a competitive advantage around attention to detail.
- ☐ OCD is distressing and can cause problems in your social and occupational surroundings
- ☐ OCD is measured only with compulsive actions.
- ☐ OCD can include both repetitive actions and repetitive thoughts/mental acts
- ☐ To control your OCD you need to stay calm.
- ☐ A person with OCD could believe that something bad will happen if they don't complete the compulsion.
- ☐ OCD can occur around cleanliness, order, praying and counting

14. Bipolar Mood Disorder :

Check all that apply.

- ☐ Anyone with mood swings is Bipolar.
- ☐ There is more than one type of Bipolar disorder.
- ☐ People with Bipolar have multiple personalities.
- ☐ Bipolar disorder diagnosis requires one manic episode followed by one depressive or hypomanic episode.
- ☐ People with Bipolar switch between manic and depressive moods regularly.
- ☐ A Manic episode must last for a period of one week and is experienced for the majority of the day every day during the episode. These episodes can be infrequent.
- ☐ People with Bipolar cannot control their emotions.
- ☐ Bipolar is a chronic condition that needs informed intervention.
- ☐ Bipolar can be the result of spirits or witchcraft.
- ☐ Your genetics affects your chances of having Bipolar.

15. Major Depressive Disorder (Depression) :

Check all that apply.

- ☐ Depression is a normal part of life.
- ☐ A person with Major Depressive Disorder experiences a depressed mood most of the day, nearly every day
- ☐ Gender does not affect who is more likely to have depression.
- ☐ There are some gendered differences in suicidal behavior and some predispositions to depression and suicidal behavior.
- ☐ Depression is the same as sadness.
- ☐ Depression is a persistent depressed mood and the inability to anticipate happiness or pleasure.
- ☐ People say they are depressed to gain attention from others
- ☐ People with depression have more pain and physical illness and greater decreases in physical and social health.
- ☐ A person with depression can 'snap out of it'.
- ☐ A Depressive episode is at least 2 weeks where there is either depressed mood or the loss of interest or pleasure.

Should you feel at any point that you require counselling for any reason, you can contact Lifeline on 086 133 2332. Please feel free to contact the researcher on 0823047377 should you have any queries. Thank you for participating in this research.

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8.3. Annexure B – Ethical Clearance Letter

JF 10/2



29 July 2020

Student name: Jared Fuller
Student number: 20113137
Campus: IIE's Varsity College Sandton

Re: Approval of Honours in Psychology Proposal and Ethics Clearance

HONOURS/PGDIP ETHICAL CLEARANCE LETTER

Your research proposal and the ethical implications of your proposed research topic were reviewed by your supervisor and the campus research panel, a subcommittee of The Independent Institute of Education's Research and Postgraduate Studies Committee.

There are some aspects that you still need to address in your proposal. You will need to address these aspects in consultation with your supervisor before you may proceed (see below):

Please discuss with your supervisor/navigator/lecturer how you will address these issues listed below:

Please note: **Your fieldwork may only proceed once you address the following issues:**

- Please make all the changes suggested/recommended by your supervisor.

In the event of you deciding to change your research methodology in any way, kindly consult your supervisor to ensure all ethical considerations are adhered to and pose no risk to any participant or party involved. A revised ethical clearance letter will be issued.

We wish you all the best with your research!

JF 2 of 2

GENERAL CONDITIONS TO BE FULFILLED IN RELATION TO RESEARCH

Permission is granted to proceed with the above study subject to the conditions listed below being met and may be withdrawn should any of these conditions be flouted.

Please note: The panel has not considered the merits, accuracy or ethical soundness of the research. The only merits examined are the use of The IIE as a sample.

Permission is granted subject to the following conditions:

1. The researcher(s) will need to obtain informed consent in writing from all of the participants in his/ her sample if the study is not anonymous.
2. The researcher(s) may only use the data collected for research purposes and in no other way.
3. Photographs of human subjects may only be taken if relevant to the research, informed consent was obtained, and even with informed consent, the photographs may not be published on any online platforms.
4. The researcher is responsible for supplying and utilising his/her own research resources, such as stationery, photocopies, transport, faxes and telephones and should not depend on the goodwill of the institutions and/or the offices visited for supplying such resources.
5. No names or identifying information of participants may be used within the research and the research must be voluntary.
6. Please make it clear that the information will not be used punitively in any way and participants may in no way be counselled/advised based on this.

Supervisor: Romy Perkins



Campus Postgraduate Coordinator (CPC):



JENNA-LEE RAMNARAIN

8.4. Annexure C – Examples of Data Collected

10/28/2020

The Popularisation of Psychological diagnoses and how it effects the perceived clinical significance of mental illness.

The Popularisation of Psychological diagnoses and how it effects the perceived clinical significance of mental illness.

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By taking Part in this questionnaire it is assumed that you have given consent to the researcher to use the information you provided for the purpose of their research. *

☒ I give consent

https://docs.google.com/forms/d/1VVoyLAIsOVXUCw0QPK7jO6mWs_FyhVkkRzgdS6BbBzA/edit#response=ACYDBNgpIVZD_U62r_N_0CEZB9clH... 1/10

How old are you? *

- ☐ 18
- ☐ 19
- ☒ 20
- ☐ 21
- ☐ 22
- ☐ 23
- ☐ 24
- ☐ 25
- ☐ 26
- ☐ Other

What is your home language?

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- ☐ Afrikaans
- ☐ Zulu
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- ☐ Venda
- ☐ Pedi
- ☐ Sotho
- ☐ Tswana
- ☐ Swati
- ☐ Tsonga
- ☐ Ndebele
- ☐ Other

What other languages can you speak fluently? (you may select more than one).

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What is your race?

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☒ Yes

☐ No

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How well do you understand the process of popularisation?

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☐ I do not understand it.

Please select Yes or No for the questions that follow.

Have you used the term 'OCD', to describe someone who prefers to be organised but has not been clinically diagnosed?

☒ Yes

☐ No

☐ I can't remember.

Have you used the term 'depressed' , to describe the sadness that something makes you feel, like losing a competition or after an exam, without any prior clinical diagnosis?

- ☒ Yes
- ☐ No
- ☐ I can't remember.

Have you used the term 'bipolar' to describe someone who seems to change moods regularly, without any prior diagnosis?

- ☒ Yes
- ☐ No
- ☐ I can't remember.

Have you heard anyone else use the psycho-diagnostic terms (Depression, OCD and Bipolar) in this way?

- ☒ Yes
- ☐ No
- ☐ I can't remember.

From what source did you learn about mental disorder and mental health? (please select all the appropriate sources that apply to you).

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Please select all of what you understand to be the the correct diagnostic factors for each of the Mental Disorders below:

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- ☒ OCD can occur around cleanliness, order, praying and counting

Bipolar Mood Disorder :

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- ☒ People with Bipolar cannot control their emotions.
- ☒ Bipolar is a chronic condition that needs informed intervention.
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