

“I JUST DIDN’T WANT TO BE ALIVE ANYMORE” AN EXAMINATION OF MEGHAN
MAKRLE’S DISCLOSURE OF SUICIDAL IDEATION

BY

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DISSERTATION

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ABSTRACT

Suicide and suicidal ideation pose serious public health concerns. In an interview in March of 2021, Meghan Markle disclosed experiencing suicidal ideation. Extant research suggests that stories of suicidal ideation that is successfully navigated (i.e., overcoming suicidal thoughts and crises) leads to a decrease in reader suicidality and an increase in hope, termed the Papageno effect (Niederkrothentaler et al., 2010). To investigate this, in this dissertation two studies were conducted. The first study examined exposure to the initial interview with Meghan Markle and subsequent effects of this interview. The second study experimentally tested exposure to different news frames about Meghan's disclosure.

Despite no significant differences in suicidality between the experimental and control groups in both studies, important findings emerged. Audience involvement processes—such as transportation, identification, and parasocial relationships (PSR)—were found to significantly reduce suicidality. These results suggest that while direct effects on suicidality may be absent, the involvement of audiences through these processes has a protective impact. Additionally, the findings highlight the current challenges in defining and operationalizing the Papageno effect in research. The dissertation emphasizes the need for future studies to incorporate audience involvement measures and provides practical implications for suicide prevention campaigns, particularly those utilizing narratives and storytelling. Overall, this work contributes to the understanding of media effects on mental health and offers guidance for enhancing the effectiveness of suicide prevention strategies.

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CHAPTER 1: INTRODUCTION

Meghan Markle is an internationally recognized public figure and member of the British Royal Family. Markle began her public career acting in a television show, *Suits*. During her acting career, Meghan met, and later married, Prince Harry of the British Royal Family. The couple celebrated their wedding in 2018, which received international attention. Nielson estimated that 29.2 million Americans watched the wedding (Nielsen, 2018). The couple worked as senior members of the royal family for a couple of years. Then, in January of 2020, Meghan and Prince Harry announced they were stepping back as active members of the British Royal Family (Foster & Jones, 2020).

Since the inception of their relationship, Meghan and Harry received widespread media attention. Although there are no academic studies on the volume of articles, popular sources claim as many as 684,000 articles were published in 2018 focused on Meghan or Harry (Statista, 2023). As the years passed, the couple claimed the media attention turned fiercely negative, vilifying Meghan. Again, no academic studies have investigated this claim, however, one news outlet conducted their own analysis finding that Meghan received twice as many negative stories than positive ones (Duncan & Bindman, 2020).

In 2021, following their departure from the Royal Family, Meghan and Prince Harry sat down for an interview with Oprah Winfrey, candidly discussing their experiences as members of the Royal Family. During this interview, Meghan disclosed that she experienced suicidal thoughts during the end of their time working as Royals. Meghan spoke at length about this experience, ultimately claiming she was denied help from the Royal Family, resulting in her and Harry's stepping down from Royal duties.

In the interview, Meghan stated the relentless media pressure, lack of support from the Royal Family, and racist experiences led her to a suicidal crisis, saying, “I just didn’t want to be alive anymore. And that was a very clear and real and frightening constant thought” (Sun, 2021). She continued to talk about how she spoke to Prince Harry about her suicidal thoughts, going into detail about an event they went to, saying “[...] I saw was the truth of what that moment was, because right before we had to leave for that, I had just had that conversation with Harry that morning, and it was the next day that I talked to the institution” (Sun, 2021). Numerous times during the interview Meghan spoke about a denial of support from the British Royal family and how she suffered during that time.

Millions of people tuned in to watch Oprah’s interview with the couple. When the interview aired an estimated 17 million people watched (Stelter, 2021), with approximately 50 million watching the interview in the following days (Bauder, 2021). Following this interview, there was widespread public analysis of the contents. News media covered the interview in a variety of ways. News stations aired segments discussing the interview, talk shows dedicated time to analyzing the disclosures, and hundreds of new stories were published about the contents of the interview. Although news coverage focused on a range of topics and disclosures from the interview, a number of them focused specifically on Meghan’s disclosure of suicidal ideation. Overall, millions of people were exposed to this interview, and likely millions were also exposed to the following news coverage of the interview.

This interview, specifically Meghan’s disclosure of suicidal ideation, sets the context of this dissertation. There are two different approaches to studying Meghan’s disclosure of suicidal ideation. One line of research could focus on the disclosure itself, examining audience reception and effects of the interview itself. Another line could examine news coverage of the disclosure

and the effects of that coverage. This dissertation is situated to address both of these questions through two studies. Study 1 investigates exposure to the interview and Study 2 focuses on effects from exposure to news reports about the interview.

Suicide and suicidal ideation are pressing public health concerns. Indeed, suicide rates in the United States increased by more than 30% between 2000 and 2020 (Centers for Disease Control and Prevention, n.d.; Garrett et al., 2022). Millions of people are affected by both suicidal ideation and suicide each year. In 2021, 12.3 million American adults thought about suicide, 3.5 million made a plan, 1.7 million attempted suicide, and 48,143 died by suicide (Centers for Disease Control and Prevention, n.d.).

Although related and often used interchangeably, suicide and suicidal ideation are distinct concepts. Suicidal ideation refers to thoughts about death or killing oneself whereas suicide refers to an intentional, self-inflicted death (Klonsky et al., 2016). Much of the current research surrounding suicide, suicidal ideation, and the media has focused on suicide, opposed to suicidal ideation. Suicidal ideation, however, has negative effects on all aspects of one's life, from impairing social functioning to decreases in physical health (Goldney et al., 2001), and empirical evidence links suicidal ideation to suicide attempts and suicide deaths (Kessler et al., 1999). Indeed, suicidologists have expressed the importance of studying suicidal ideation, in addition to suicidal behaviors (Jobes & Joiner, 2019). Additionally, unlike death by suicide, suicidal ideation is far more common amongst the general population. Many people experiencing suicidal ideation deny any thoughts of suicide when asked for fear of stigma or involuntary hospitalization (Jobes & Joiner, 2019). Given the extensive stigma surrounding suicide and suicide-related phenomenon, estimated rates of suicidal ideation are likely artificially suppressed.

When it comes to media, copious amounts of research link mass media publication of a prominent suicide to increased suicide rates, a phenomenon known as the Werther Effect (Phillips, 1974). For example, after Robin Williams death in 2014, excess suicides were found across different countries and cultures (Pirkis et al., 2020; Whitley et al., 2019), with some scholars estimating an additional 1841 additional suicides due to media coverage (Fink et al., 2018). Celebrity suicides are more likely to prompt copycat effects (Stack, 2003). In a meta-analysis of media coverage and suicide, Stack (2003) found that studies examining celebrity suicides were 14.3 times more likely to find copycat effects compared to studies examining non-celebrity suicides. Wasserman (1984) examined the difference between suicide stories in the New York Times and celebrity suicides, finding a significant Werther effect following celebrity suicide, but not suicide stories unrelated to celebrities. Adding to this evidence, Kim et al., (2013) compared the suicide of a prominent celebrity to a politician's suicide. Again, they found larger and longer lasting effects of the celebrity's suicide in comparison to the politician. As a result, many public health organizations have published media guidelines for journalists regarding suicide with the hopes of deterring any copycat deaths (Pirkis et al., 2006). However, most guidelines focus on death by suicide, as opposed to celebrity disclosure of suicidal ideation.

In contrast to the Werther Effect, emerging evidence suggests that stories of suicidal ideation, ending in a positive outcome (i.e., overcoming suicidal thoughts and crises) result in a decrease in reader suicidality, a phenomenon named the Papageno Effect (Niederkrötenthaler et al., 2010). Evidence regarding the Papageno effect is mixed; some reports finding a decrease in suicides following Papageno stories, whereas others reporting no effect (Domaradzki, 2021). Till et al., (2018) experimentally manipulated stories about suicidal ideation, finding a decrease in

suicidality and increase in suicide knowledge as a result of exposure. However, Till et al.'s (2018) study did not include stories of a celebrity experiencing suicidal ideation.

Anecdotally, various high-profile celebrities have either disclosed suicidal ideations or made suicidal remarks/threats. For instance, Katy Perry made headlines in 2017 after she revealed she contemplated suicide in a publicly streamed therapy session (Quinn, 2017). After losing her child to suicide, Sinead O'Connor tweeted suicidal messages, concerning fans that she would take her life (Bjornson, 2022). Pete Davidson tweeted suicidal threats and has also candidly discussed experiencing suicidal ideation in several interviews (BBC, 2018). Clearly, celebrity suicidal crises, wherein the celebrity survives, have garnered public attention and are not isolated incidents. However, there is a lack of research about these disclosures and the potential effects they may have. To my knowledge, the bulk of research has focused on suicide deaths rather than disclosures of suicidal ideation.

Research into celebrity health disclosures show significant effects on attitudes, beliefs, and health behavior intentions. For example, after Kylie Minogue disclosed her breast cancer diagnosis, rates of preventative screenings increased substantially (Chapman et al., 2005). Ferrari experimentally manipulated exposure to celebrity mental illness narratives, finding that exposure to such narratives resulted in decreased stigma and increased help-seeking intentions. Additionally, in a meta-analysis of celebrity health disclosures, Kresovich and Noar (2020) found significant effects on health attitudes, beliefs, and behaviors. In all, celebrity health disclosures significantly affect the public in a variety of ways.

Given this background and context, my dissertation examines the effects of a specific celebrity suicidal ideation disclosure, Meghan Markle's, adding valuable knowledge to the current suicide and suicidal ideation literature. As stated, celebrity disclosures of health

conditions have been demonstrated to significantly affect public perceptions, attitudes, and help-seeking behaviors (Kresovich & Noar, 2020). Given the literature surrounding the Papageno effect (Niederkrötenhaler et al., 2010), combined with the celebrity disclosure literature, it is likely that Markle's interview had a significant effect on the public. My dissertation investigates this.

In addition to examining the specific interview where Meghan disclosed suicidal ideation, my dissertation also experimentally tests different news frames employed in news stories about Meghan's disclosure. In Chapter 3 I discuss a qualitative content analysis on the news coverage of Meghan's disclosure. This study found three news frames utilized within news stories. Continuing this research, my dissertation experimentally compares these news frames and the differing effects they may have.

My dissertation is situated to make significant contributions to the literature in a number of ways. First, this dissertation combines two important bodies of literature, suicide in media and celebrity health disclosures. Although numerous studies have investigated the media effects of a celebrity suicide death, little have looked at disclosure of suicidal ideation. Additionally, celebrity health disclosures have been studied across a range of health concerns. However, suicidal ideation has not been investigated in this context. Therefore, this study furthers both areas.

Second, my dissertation experimentally tests news frames utilized in stories about Meghan's disclosure. As stated, much of the current literature focuses on news around suicide. However, there is a gap in the literature when it comes to news coverage of stories of celebrity suicidal ideation. The current literature focusing on news stories of suicidal ideation have not examined celebrity disclosures. Rather, these studies are based upon general stories of survival.

The context of celebrity suicidal ideation has not been thoroughly investigated. This dissertation fills this gap.

In the following pages I review the current literature on suicide and suicidal ideation in the media. Chapter 2 describes the background literature and theoretical basis for this dissertation. Chapter 3 details a qualitative content analysis which informs the dissertation. Chapter 4 goes over the proposal for the dissertation, including the relevant hypothesis and research questions and methodology. Chapter 5 describes Study 1. Chapter 6 presents the results of Study 2. Finally, Chapter 7 discusses major findings, implications of these findings, and provides suggestions for future research.

CHAPTER 2: LITERATURE REVIEW

As mentioned in the previous chapter, suicide and suicidal ideation are pressing public health concerns. Various elements of media, like portrayals of suicide (Bridge et al., 2020; Niederkrotenthaler et al., 2019), news publication of suicide deaths (Fink et al., 2018; Stack, 2002), and mediated portrayals of coping with a suicidal crisis (Niederkrotenthaler et al., 2022), may affect suicidality and suicide rates. Most of the current research in this area focuses on suicide deaths. However, this leaves a gap in the literature when it comes to mediated depictions of suicidal ideation. In particular, celebrity disclosure of suicidal ideation is an important area to investigate. As research has demonstrated, celebrity suicide deaths are more prone to causing the Werther Effect, compared to other prominent suicide deaths (Stack, 2002), and celebrity health disclosures have demonstrated effects on health beliefs, attitudes, behavioral intentions, and behaviors (Kresovich & Noar, 2020).

To address this gap and investigate how celebrity disclosure of suicidal ideation affects audiences, my dissertation examines the effects of exposure to both Meghan Markle's disclosure of suicidal ideation and news coverage following this disclosure. To do so, the celebrity health disclosure literature, in combination with the existing literature on suicide in the media, provides a fruitful basis to study this phenomenon. In this chapter I cover the relevant literature and theoretical concepts and underpinnings of this dissertation. I begin with a discussion of mental health terminology. Next, I cover stigma of mental illness, mental health, and suicide. Following this I give an overview of celebrity health disclosure research and processes. Then, I turn to the Extended-Transportation Imagery Model, which is the basis for this study. Finally, I discuss theoretical changes to the model.

Mental Health, Mental Illness, and Suicide

To begin, it is important to differentiate between mental health, mental illness, and suicide-related concepts. These constructs are all related to each other; however, they are distinct in various ways. Although the focus of my dissertation is on suicidal ideation, mental health and mental illness have significant implications for suicidal ideation. Additionally, although Meghan Markle did not disclose a diagnoseable mental illness in her interview with Oprah, many news articles claimed Meghan had certain diagnoses, like anxiety and depression. Beyond claiming certain diagnoses, many of the news articles included information about and mentions of both mental health and mental illness. Oftentimes articles conflated the two, using both terms interchangeably. These claims are discussed in more detail in Chapter 3. As stated, in the context of Meghan Markle, both mental health and mental illness have been reported in tandem with discussions of suicidal ideation. Therefore, it is necessary to appropriately define and distinguish between these concepts.

Although a variety of definitions exist, mental health can best be conceptualized as “a dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society” (Galderisi, et al., 2015). Mental health and mental illness are often conflated, wherein poor mental health is mistaken or treated as mental illness. As the CDC (2021) noted, the lack of mental illness does not equate to positive mental health and poor mental health does not equate to mental illness. Despite these differences, mental health and mental illness continue to be confused within the academic literature (Clement et al., 2013; Gallagher et al., 2023; Goodwin & Behan, 2023; Markiewicz & Jungblut et al., 2023; Riles et al., 2021).

In the United States, mental illness is often defined in relation to the Diagnostic and Statistical Manual (DSM) which lists diagnostic criteria for mental illnesses and disorders.

Broadly, mental illness captures disorders or conditions which influence cognition, affect, or behavior (NAMI, 2022). Mental illnesses and disorders are common. Rates of mental illness vary, but the National Alliance on Mental Illness (NAMI) estimates 20% of US adults experience mental illness every year (NAMI, 2022).

When it comes to suicide and suicide-related thoughts and behaviors, both mental health and mental illness play a factor. Suicide and suicidal ideation closely relate to one another; however, these are separate constructs. Suicidal ideation refers to thoughts about death or the desire to kill oneself (Klonsky et al., 2016). Suicidal ideation is further broken into passive and active ideation wherein passive ideation captures non-specific desire for death and active ideation captures the intent to kill oneself (Klonsky et al., 2016). Suicide refers to an intentional, self-inflicted death (Klonsky et al., 2016). Intent is a key component in the definition of suicide, which distinguishes suicide from other types of self-caused deaths, like accidental drug overdoses. Suicide and suicide-related thoughts and behaviors can occur in those with and without mental illness. Chronic suicidal thoughts are often thought to be symptoms of various mental illnesses, like depression or borderline personality disorder. However, chronic suicidality is not yet considered a mental illness or disorder, although it is under review in the DSM for potential inclusion in upcoming editions (Fehling & Selby, 2021).

Within media and media effects research, these areas have been conflated, making it difficult to meaningfully distinguish between research on mental health compared to mental illness. For instance, Goodwin & Behan (2023) conflated mental health with mental illness in their review of media's effects on help-seeking behaviors. Additionally, Clement et al. (2013) also used mental illness and mental health interchangeably in their meta-analysis of mass media interventions for reducing mental health-related stigma. Significantly, they wrote "mental health

included all conditions listed in the Diagnostic and Statistical Manual of Mental Disorders” which clearly situates their work as mental illness (p. 8). Importantly, the studies Clement et al. (2013) reviewed all dealt with *mental illness*, although Clement et al. (2013) claimed *mental health* findings based on these articles.

Therefore, going forward I will use both mental health and mental illness in this review of theoretical concepts. Additionally, when it comes to studying suicide and suicide-related concepts, mental health and mental illness cannot be ignored. As discussed, negative mental health is necessary for suicidal ideation to occur. Additionally, although suicidal ideation and suicide deaths can, and do, occur in individuals without mental illness, research suggests a link between mental illness and suicide (Fu et al., 2023).

To illustrate the relationship between these concepts and media research, Robin Williams offers a good example. Robin Williams died by suicide in August of 2014. Williams was known to have a history of major depressive disorder and substance use dependence, which is thought to have contributed to his suicide death (Tohid, 2016). Researchers investigated the effects of news publication of William’s death, finding that participants were motivated to share information about depression, in the wake of William’s suicide death (Cohen & Hoffner, 2016). In a content analysis of news coverage about William’s death, Carmichael and Whitley (2019) found that 75% of news stories discussed William’s history of depression and substance use disorder, with some of the articles implying that depression was the sole cause of William’s suicide. Here, the effects of William’s suicide also had implications for mental illness.

In sum, mental health, mental illness, suicidal ideation, and suicide are related, but distinct concepts. These terms, particularly mental illness and mental health, have been confused within the academic literature (Clement et al., 2013; Gallagher et al., 2023; Goodwin & Behan,

2023; Markiewitz & Jungblut et al., 2023; Riles et al., 202). In the case of suicide, extant research on a celebrity suicide death indicates that news coverage includes mentions of mental illness, and this coverage affects participants behavior (Carmichael & Whitley, 2019; Cohen & Hoffner, 2016). In the case of Meghan Markle, mentions of mental health and mental illness have both been identified in news coverage. Next, I discuss the role of stigma in research into suicide and suicidal ideation. Furthermore, I explain how Meghan's disclosure and subsequent news coverage may affect stigma endorsement.

Stigma

Any research into mental health, mental illness, and suicide needs to include stigma as a significant concept. Indeed, in Meghan's interview with Oprah, elements of stigma were apparent throughout. Additionally, Chapter 3 details a study investigating how online news portrayed Meghan's suicidal ideation disclosure. Results indicate that there were significant discussions of stigma in the news following Meghan's disclosure, which is discussed more in Chapter 3. Therefore, stigma is an important concept to include in this dissertation.

Goffman (1963) originally conceived of stigma in his foundational work, *Notes on the Management of Spoiled Identity*. According to Goffman, stigma is an attribute of an individual which is "deeply discrediting" and turns a person from "a whole and unusual person to a tainted, discounted one" (p. 3). He further wrote that stigma is a "special kind of relationship between attribute and stereotype" (p. 4) and results in the perception that "the person with a stigma is not quite human" (p. 5). According to Goffman, stigma serves to regulate social interactions and social groups. In other words, stigma functions as a way for society to protect itself from perceived threats.

In response to Goffman (1963), various other conceptualizations of stigma have emerged across a multitude of disciplines, including psychology, sociology, public health, and social work. Stigma has been studied in a wide variety of contexts, from HIV/AIDS (Mahajan et al., 2008), weight (Rao et al., 2024), abortion (Kosenko et al., 2019), sex work (Hart et al., 2023), and mental illness (Corrigan et al., 1999). Thousands of articles have investigated mental illness and stigma. Perhaps most influentially, Corrigan and colleagues (1999) have provided a wealth of theorizing on mental illness and stigma. Importantly Corrigan et al.'s (1999) work, although focused on mental illness, has informed research on suicide and stigma (Batterham et al., 2013; Brewer et al., 2022; Corrigan et al., 2017; Frey et al., 2015; Mayer et al., 2020; Niederkrotenthaler et al., 2014; Sheehan et al., 2018). Accordingly, Corrigan et al.'s (1999) understanding of stigma is used in this dissertation.

Corrigan and Penn (1999) defined stigma as “another term for prejudice and negative stereotyping” (Corrigan & Penn, 1999, p. 766). According to them, stigma occurs when negative stereotypes are applied to a person, those stereotypes are endorsed (prejudice), and that endorsement then leads to behavior (discrimination; Corrigan & Penn, 1999). A stereotype, in this context, refers to a knowledge structure which associates particular characteristics with a group of people (Corrigan & Penn, 1999). Importantly, stereotypes themselves are not inherently negative; however, it is negative stereotypes that make up stigma.

Suicide Stigma

Suicide and suicide-related thoughts behaviors are highly stigmatized across cultures (Carpiniello & Pinna, 2017). Indeed, Goffman (1963) identified suicidal behavior as a stigmatizing act when defining stigma. People who die by suicide are often seen as weak, cowardly, attention-seeking, selfish, and crazy (Carpiniello & Pinna, 2017; Corrigan et al.,

2017). Additionally, suicide has been tied to morality, resulting in the stereotype that those who die by suicide are immoral or sinful (Oexle et al., 2019).

Not only is the act of suicide stigmatizing, but suicide attempt survivors (Mayer et al., 2020; Oexle et al., 2019) and those bereaved by a loved one's suicide death are also subject to stigma (Hanschmidt et al., 2016). Those who attempt suicide are seen as crazy, weak, silly, and selfish (Oexle et al., 2019; Rimkeviciene et al., 2015). Those bereaved by suicide are often blamed both for causing their loved one's suicide and failing to take actions to prevent their suicide (Corrigan et al., 2018; Sheehan et al., 2018). Additionally, oftentimes the stigma of suicide is applied to the surviving family members, called courtesy stigma (Corrigan et al., 2017; Sheehan et al., 2018).

Effects of Stigma

Stigma has numerous negative effects ranging from social isolation, negative mental health outcomes, suicidal ideation, and reduced help-seeking. Social isolation has been identified as a common result of stigma, both in those who attempt suicide (Oexle et al., 2019) and those who are bereaved by suicide (Peters et al., 2016; Sheehan et al., 2018). Isolation can be self-initiated, as a way to prevent further stigma, termed anticipated stigma (Oexle et al., 2019), and as a consequence of disclosure of experiences with suicide (Sheehan et al., 2018). Oftentimes, in order to prevent isolation, people keep suicide a secret (Carpiniello & Pinna, 2017). Secrecy of suicide-related experiences has been linked with negative health outcomes, like loneliness, hopelessness, and suicidal ideation (Oexle et al., 2017; Oexle et al., 2018; Rüsche et al., 2014).

Shame is a common result from the internalization of suicide stigma (Carpiniello & Pinna, 2017). Indeed, numerous studies find feelings of shame as an outcome of experiencing stigma (Oexle et al., 2019). In the context of Meghan Markle's disclosure of suicidal ideation,

shame was apparent throughout. Meghan spoke about feelings of shame saying, “And as I said, I was ashamed. I’m supposed to be stronger than that” (Sun, 2021). Here, Meghan has taken the stigma of suicide (i.e., the perception that a person who experiences suicidal ideation is “weak”), seemingly internalized it, and as a result, expressed feelings of shame. Prince Harry also reported feeling shame when Meghan disclosed suicidal ideations to him, saying that it prevented him from seeking help for her. Specifically, Harry reported that he did not tell his family because, “I guess I was ashamed of admitting it to them.” (Sun, 2021). This illustrates how people manage stigma through secrecy. Again, family members of individuals who experienced suicidal ideation report feelings of shame, often as a result of the stigma of suicide (Sudak et al., 2008). Chapter 3 discusses news reporting of shame and its ties to stigma in more detail.

Finally, help-seeking behaviors are thought to be affected by stigma. Studies indicate that stigma inhibits help-seeking behaviors for suicidal ideation (Carpiniello & Pinna, 2017; Han et al., 2017). However, currently, research is inconclusive about the strength of this inhibition; some research has found stigma a significant barrier (Carpiniello & Pinna, 2017; Han et al., 2017; Jones et al., 2019) whereas other research found it played a minor role (Czyz et al., 2013, Hom et al., 2015). Coming back to Meghan Markle’s experience, Meghan reported feeling shame, but still reached out for help. Harry reported that shame (which, as argued may have come from stigma of suicide) prevented him from seeking help for Meghan.

Anti-Stigma Efforts with Suicide Prevention

Given these negative effects of stigma, efforts have been made to destigmatize suicide. Suicide prevention literature highlights destigmatization efforts as a crucial aspect to increase the effects of suicide prevention interventions (Carpiniello & Piinna, 2017; Grosselli et al., 2024; Hanschmidt et al., 2016; Niederkrotenthaler et al., 2014). However, there is a delicate balance

between destigmatizing suicide and normalizing suicide. Normalizing suicide includes permissive, accepting, or liberal attitudes towards suicide and suicide-related behavior (Oexle et al., 2022). Experts specified the difference between “attitudes towards people (i.e., suicide stigma) v. attitudes towards behavior (i.e., suicide normalization)” (Oexle et al., 2022, p. 2). The normalization of suicide conveys the perception that suicide is an acceptable solution to a problem. These attitudes can be detrimental to suicide prevention efforts; liberal attitudes towards suicide have been associated with increased suicide rates (Phillips & Luth, 2020). In essence, efforts need to be made to destigmatize experiencing suicidal ideations, but these efforts cannot normalize enacting suicidal behavior.

Niederkrotenthaler et al. (2014) emphasized the role of media in destigmatizing suicide and aiding in suicide prevention efforts. Specifically, Niederkrotenthaler et al. (2014) highlighted the importance of adhering to recommended suicide death reporting guidelines (thus decreasing the Werther Effect), news publication of stories of recovery from a suicidal crisis (leading to the Papageno Effect) and mass media campaigns designed to raise awareness of suicide.

In the context of Meghan Markle and her interview, many news stories have highlighted the stigma of suicidal ideation and Markle’s role in decreasing stigma. For instance, one article stated, “By speaking about her experiences, Meghan helped chip away at the stigma that constrains people from disclosing their suicidal thoughts” (Freedenthal, 2021). Another wrote, “Meghan’s admission also challenges the stigma of having suicidal thoughts” (Andrew, 2021). Therefore, although Meghan’s disclosure was not part of a campaign to destigmatize suicide, it may have had these effects. These claims are discussed in more detail in Chapter 3.

Summary of Stigma

To conclude, stigma was originally defined by Goffman (1963) and updated by Corrigan et al., (1999). Stigma represents negative stereotypes and prejudice about groups of people. Stigma of suicide and suicide-related thoughts and behaviors is widely endorsed; this stigma often situates suicidal individuals as crazy, weak, selfish, attention-seeking, and immoral (Carpiniello & Pinna, 2017; Corrigan et al., 2017). As a result of this stigma people experience social isolation, negative mental health outcomes, suicidal ideation, and reduced help-seeking (Oexle et al., 2018; Rüsch et al., 2014; Sheehan et al., 2018). In response to these negative effects, destigmatization efforts have been made, particularly in suicide prevention interventions. Scholars have identified mass media as an influential source that is capable of both contributing to stigma and aiding anti-stigma efforts.

In the context of Meghan Markle, in the interview she disclosed experiencing feelings of shame, due to the stigma of suicidal ideation. Harry also reported experiencing shame due to stigma. Meghan's disclosure has been praised for fighting the stigma of suicide, which is discussed more in Chapter 3. Exposure to Meghan's interview, and subsequent news reports, may impact viewer's levels of stigma endorsement of suicide. To investigate this and other effects, the celebrity disclosure literature provides guidance on the processes that may influence outcomes of exposure, like stigma.

Celebrity Health Disclosures

Celebrity health disclosures have been studied across a wide variety of contexts, with evidence suggesting that these disclosures have significant effects on health beliefs, attitudes, and behaviors (Kresovich & Noar, 2020). For instance, researchers have found effects from Tom Hank's COVID-19 diagnosis (Myrick & Willoughby, 2021), Charlie Sheen's HIV disclosure

(Francis et al., 2019), Scott Mescudi's depression diagnosis (Francis, 2018), Angelina Jolie's announcement of her mastectomy (Kosenko et al., 2016), Katie Couric's cancer diagnosis (Cram et al., 2003), and Demi Lovato's bipolar disorder announcement (Wong et al., 2017). As such, it is likely that Meghan's disclosure of suicidal ideation also had effects upon the public.

Researchers believe that audience involvement with these disclosures explains the effects they have (Kresovich & Noar, 2020). Audience involvement broadly refers to "the degree of psychological response of a person to a mediated message or persona" and is a "dynamic process that incorporates both consuming media and coproducing media through mediated interactions" (Brown, 2015, p. 260). Two of the most commonly found psychological response processes in the celebrity disclosure literature are identification and parasocial interaction/parasocial relationships, which are discussed in more detail below.

Identification

Originally conceptualized by Burke, (1925), identification refers to the degree to which an individual perceives themselves as having a shared reality with a fictional character. Later, Cohen (2001) influentially defined identification as, "[...] a mechanism through which audience members experience reception and interpretation of the text from the inside, as if the events were happening to them" (p. 245). In essence, identification captures the loss of individual identity as one replaces it with an imagined other. Cohen (2014) further clarified their definition and conceptualization, providing clear operationalization and measures necessary for identification. These include empathy with the character, cognitively sharing the character's viewpoint, levels of audience motivation, and finally, absorption. Importantly, identification is distinct from feelings of affinity and liking; that is, it is possible to both identify with someone and simultaneously dislike them (Cohen, 2001).

Pertaining to Meghan Markle, it is likely that people have identified with her, particularly in the context of this interview and disclosure. News coverage of Meghan's disclosure highlighted how people were able to relate to Meghan's experience, which could signal identification processes at play. For instance, articles wrote Meghan's candor could "help others to relate and maybe ask for help themselves" (Gilbert, 2021). More details about news coverage, including a discussion of this theme, can be found in Chapter 3.

In the celebrity health disclosure literature, identification with a celebrity has been shown to mediate the relationship between exposure to the disclosure and subsequent effects (Brown & Basil, 1995; Basil, 1996). These effects include changes in emotions, beliefs, attitudes, and health behaviors and behavioral intentions (Brown et al., 2003; Brown & Basil, 1995; Dillman Carpentier & Parrott, 2016; Myrick, 2017; Myrick & Willoughby, 2021; Vafeiadis et al., 2022).

Although researchers have investigated attitudes, stigma has not been widely studied as an outcome to celebrity health disclosures. Gronholm and Thornicroft (2022) argued that celebrity disclosures of mental illness result in reduced stigma and called for research to "examine the causal processes between the public's relationship with celebrities, celebrity disclosure messages, and reactions in terms of stigma reduction" (p. 4). Even though suicide and suicidal ideation are different than mental illness, they are closely related, and therefore, the stigma of suicide and suicide-related thoughts may also be influenced by celebrity disclosures. As such, my dissertation will provide evidence of this relationship, and answer Gronholm and Thornicroft's (2022) call.

Finally, although effects have been found in emotions, beliefs, and attitudes, health behaviors and behavioral intentions have received the most scholarly attention. In terms of behavioral intentions and behaviors, scholars have found significant effects from identification in

a variety of health contexts. For example, Brown and Basil (1995) discovered that fans who identified with Magic Johnson following his HIV diagnosis displayed higher intentions to practice safer sex. Additionally, Kosenko et al. (2016) examined Angelina Jolie's BRCA disclosure, finding a significant positive relationship between identification and intentions to undergo genetic testing. Regarding celebrity mental health, Lee (2018) looked at celebrity news about panic disorder. Although causal relationships cannot be determined from their method, their findings indicate that news exposure on celebrity panic disorder positively correlated with increases in psychiatry visits. In all, identification with a celebrity seemingly leads to help-seeking behaviors across a variety of contexts. As such, Meghan's disclosure of suicidal ideation may have an impact on help-seeking intentions and behaviors for suicide-related thoughts and behaviors.

In sum, identification is an important concept explaining the relationship between celebrity health disclosures and outcome effects. The celebrity health disclosure literature indicates that identification leads to significant effects in emotions, beliefs, attitudes, and behaviors (Brown et al., 2003; Brown & Basil, 1995; Dillman Carpentier & Parrott, 2016; Myrick, 2017; Myrick & Willoughby, 2021; Vafeiadis et al., 2022). The literature is unclear about the role of stigma when it comes to celebrity health disclosures; my dissertation will clarify how celebrity disclosures affect stigma. Finally, help-seeking behaviors have been demonstrated to be influenced by celebrity identification (Brown & Basil, 1995; Kosenko et al. 2016). As such, it is likely that Meghan's disclosure also had effects on help-seeking behaviors.

Next, I discuss parasocial relationships as an important variable in celebrity health disclosures.

Parasocial Relationships

In addition to identification, parasocial relationships have also been found to influence celebrity health disclosure effects. As people consume media, they may form imaginary relationships with the characters or celebrities they observe. Parasocial relationship (PSR) describes this faux-one sided relationship with a mediated figure, which occur outside of media exposure and persist to stable relationship patterns (Dibble et al., 2016). Essentially a PSR is an imagined relationship with a mediated figure which mimics real-world relationship patterns and persists outside of media exposure to the figure.

Similar to PSRs are parasocial interactions. Parasocial interaction (PSI) refers to an imagined interaction with a mediated figure during media exposure (Horton & Wohl, 1956). PSI allow for viewers to feel a sense of mutual engagement with mediated characters, which some have theorized fulfills social needs (Hartmann & Goldhoorn, 2011). However, this sense of mutual engagement is one-sided, the mediated figure remains separate from the viewer. For example, a person may experience PSI in watching a show, feeling connected and engaged with the characters as if they were real life friends, however, the relationship only stems from the viewer without any reciprocal feelings from the character. Importantly, PSI occurs during media exposure and does not persist beyond the mediated event.

Although parasocial interactions can be found in parasocial relationships, these concepts are distinct entities; parasocial relationships persist beyond media exposure, whereas parasocial interactions are short-term and exposure dependent. Some scholars debate the difference between PSR and PSI (Rubin et al., 1985; Brown, 2015). However, evidence points towards PSI and PSR as distinct concepts (Dibble et al., 2016; Kurtin et al., 2018; Tukachinsky et al., 2020). Specifically, Tukachinsky et al. (2020) conducted a meta-analysis, evaluating 120 studies

conducted on PSR and PSI. Their analysis verified a theoretical distinction between PSI and PSR, finding that the two are only modestly correlated. PSR was more strongly associated with audience involvement, specifically identification (Tukachinsky et al., 2020). In this study, PSR, and not PSI is used.

PSRs are thought to develop as a result of exposure to a media personae. Given the volume of coverage of Meghan Markle and other members of the Royal family, it is likely that many people have formed PSRs with Markle. Additionally, before marrying into the British Royal Family, Markle was an actor on a television show, *Suits*. In 2023, Neilson reported *Suits* as a the top streamed show in the United States (Samrhitha, 2024), thus increasing the odds that PSRs with Meghan have formed. Furthermore, studies have already been conducted on the British Royal family, providing evidence of such relationships (Brown et al., 2003). Finally, in the context of this specific interview, Meghan and Harry's Oprah interview where she disclosed suicidal ideation was watched by 17 million people initially (Stelter, 2021), with claims it reached up to 50 million people in the following days (Bauder, 2021), placing it in one of the most viewed TV interviews in March of 2021. Therefore, it is likely some viewers have formed a PSR with Markle, and these relationships are likely to affect any study results.

Scholars have assessed PSRs with celebrities who have died by suicide (Hoffner & Cohen, 2018). For example, Hoffner and Cohen (2018) conducted a survey assessing PSRs with Robin Williams and a variety of outcomes including stigma, information-seeking, and help-seeking. Results from their study indicate that PSRs mediate help-seeking intentions and result in lower levels of stigma (conceptualized as social distance). However, although Williams died by suicide, Hoffner and Cohen (2018) examined stigma and help-seeking in the context of depression, not suicide. Thus, PSRs have been empirically tested in the event of a celebrity

suicide, providing evidence for the role of PSRs with celebrities who died by suicide and outcome variables, like information-seeking intentions and help-seeking intentions. However, this study does not provide evidence for help-seeking for suicidal ideation or stigma of suicide and suicidal ideation, which my dissertation examines.

Additionally, research has also been conducted looking at PSRs and the British Royal Family. Brown, Basil, and Bocarnea (2003) examined PSI and PSRs with Princess Diana after her death. Although Brown and colleagues (2003) used the term PSI in their discussion of results, they used PSI and PSR interchangeably in the lead up to their discussion, making it difficult to know if they studied PSR or PSI. Therefore, the results of this study, although useful, must be interpreted with caution. Brown et al. (2003) conceptualized PSI as an antecedent to audience involvement, finding significant support for this conceptualization. Specifically, they found evidence to support PSI/PSR and identification as predictors of media use and thus resulted in attitude change. Based upon this study, it is likely that PSI and PSRs with other members of the British Royal family exist. Indeed, numerous news articles compare Meghan Markle to Princess Diana (Tailor, 2022).

The effects of PSRs with a celebrity have been widely studied. Meta-analytic results suggest PSRs have strong effects on media exposure, attitudes, behavioral intentions, and behaviors (Tukachinsky et al., 2020). Notably, these results have been found across health contexts and different study designs (Kresovich & Noar, 2020; Tukachinsky et al., 2020). As such, it is likely that a PSR with Meghan Markle may affect audience attitudes, like stigma, and behavioral intentions, like help-seeking. For instance, Wong et al. (2017) found that PSR with Demi Lovato significantly reduced stereotype endorsement for bipolar disorder. Likewise, Hoffner and Cohen (2018) found that PSR with Robin Williams reduced depression stigma.

Additionally, Hoffner and Cohen (2018) found that PSR with Williams lead to increased help-seeking intentions.

To conclude, PSR captures an enduring, faux relationship with a mediated figure which persists outside of media exposure (Dibble et al., 2016). Evidence suggests that PSR are theoretically distinct from PSI, although these are often used interchangeably in the literature (Tukachinsky et al., 2020). PSRs have a number of effects on the audience, ranging from attitude change to behavior change (Tukachinsky et al., 2020). PSRs have been studied in a suicide context, providing evidence for PSRs with celebrities who have died by suicide affect audiences (Hoffner & Cohen, 2018). Additionally, PSRs have been identified with the British Royal Family (Brown et al, 2003). Given the exposure that Meghan Markle and Prince Harry have, coupled with evidence of other PSRs with similar British Royals, it is likely that people have a parasocial relationship with them.

Summary of Identification and PSR

In sum, celebrity health disclosures have been found to have significant effects on the public (Kresovich & Noar, 2020). These effects range from changes in emotions, beliefs, attitudes, behavioral intentions, and behaviors (Kresovich & Noar, 2020). Two of the driving forces behind these effects comes from identification and parasocial relationships (Brown, 2015; Myrick, 2019). Both identification and PSRs have been studied in the context of this dissertation; namely, mental health, mental illness, suicide, and the British Royal Family.

Recently, scholars have called for more research investigating the differences between PSR and identification in the context of celebrity health disclosures (Kresovich & Noar, 2020; Myrick, 2019). Specifically, Myrick (2019) stated the need for updated research that teases apart PSR and identification and finds “ways to integrate their differences into updated theoretical

models of celebrity illness effects” (p. 1066). My dissertation answers this call by applying identification and PSR in the context of Meghan’ Markle’s suicidal ideation disclosure. Further, my dissertation offers narrative persuasion as a theoretical model, with updates to include identification and PSR.

Meghan Markle’s disclosure of suicidal ideation is more than just a celebrity health disclosure. Celebrities disclose health-related events in a variety of ways. For instance, some may post on social media, some may give print interviews, some may write Op-Eds, and some may give televised interviews. Meghan’s disclosure came during a televised interview. Although celebrity health disclosures have been extensively studied, the nature of the disclosure, that is, the form the disclosure takes, has received less scholarly attention. To address this, narrative persuasion offers a theoretical basis for this dissertation.

Narrative Persuasion

Meghan’s disclosure takes the form of a narrative. A narrative is a specific type of story. Hinyard and Krueter (2007) defined a narrative as “[...] any cohesive and coherent story with an identifiable beginning, middle, and end that provides information about scene, characters, and conflict; raises unanswered questions or resolved conflict; and provides resolution” (p. 778). Narratives have been studied in the context of narrative persuasion, which is the use of narratives in order to elicit belief, attitudes, and behavior change. Narratives have been demonstrated to produce more persuasive effects compared to non-narrative formats (Oschatz & Marker, 2020). Indeed, extant research indicates small to medium effects from narrative persuasion (De Graaf et al., 2016), showing promising results for attitude, belief, and behavior change. Additionally, Hinyard and Krueter (2007) argued that “narrative mode of learning and knowing may be especially useful when addressing issues involving morality, religion, personal values, meaning

in a person's life, complex social relationships and other issues for which reason and logic have obvious limitations" (p. 778). This is especially important considering the complex moral and ethical issues surrounding suicide.

Narrative persuasion is thought to work through transportation which results in a reduction in counterarguing. Transportation has been defined in a variety of ways, but the most commonly cited is Green and Brock's (2000) conceptualization where transportation is "a distinct mental process, an integrative melding of attention, imagery, and feelings" (p. 701). In other words, transportation captures the feeling of "getting lost" in a story. Counterarguing can be defined as critical thought processes arguing against the message, which result in a decrease in argument effectiveness (Christy, 2018). Transportation suspends counterarguing processes by engaging the reader so much that "all mental systems and capacities become focused on events occurring in the narrative" (Green & Brock, p. 701). Indeed, results from meta-analyses indicate that successful transportation inhibits counterarguing and results in more attitude congruent states (Braddock & Dillard, 2016; Shen et al., 2015).

Narrative Persuasion in a Health Context

Health narratives have been extensively tested, with metanalyses indicating effects on beliefs, attitudes, and behavior (Balint & Bilandzic, 2017). Narrative persuasion has been explored in a variety of health contexts including HIV (Maki & Feeley, 2021), vaccinations (Liu et al., 2021), and smoking (Ma & Nan, 2019). Looking at mental health specifically, studies have shown changes in beliefs and attitudes as a result of narrative persuasion. Ma and Nan (2018) found that mental health narratives prompted more favorable attitudes towards individuals with mental illness compared to a non-narrative format. Zhang and Wen (2021) found that narrative messages about depression significantly reduce social stigma for depression. Finally, Ma et al.,

(2022) examined substance use disorders, finding that narratives affected public perceptions of substance use disorders. Overall, these studies indicate persuasive effects of narratives regarding mental health and various mental disorders and corresponding attitudes and beliefs.

When it comes to suicide narratives, it is difficult to accurately compile and interpret all research due to different conceptualizations of a narrative. As discussed, in the communication discipline, a narrative is not just a story, but a specific type of story with particular criteria. It is unclear if this same definition of narrative is used outside the communication discipline. Much of the research on suicide narratives overlaps with related disciplines, like sociology, social work, psychology, and public health. Additionally, much of the literature fails to define the term narrative before using it. Therefore, the extant research should be interpreted with caution.

Research into narratives and suicide-related concepts are still developing. In 2014, scholars identified the need to further investigate media vignettes, which narratives could fall into, in relation to suicide and suicidal ideation (Niederkrötenhaler et al., 2014). Most of the recent research into narratives and suicide have investigated narratives as suicide-prevention materials (Till et al., 2023). For instance, Braun et al. (2023) experimentally tested recovery and hope narratives to see if exposure decreased suicidality. Results indicated a positive, protective effect, lasting at least four weeks after exposure (Braun et al., 2023). Hawley et al. (2022) investigated the relationships between different suicide media narratives and suicide rates, finding evidence to support both the Papageno and Werther Effect. However, in this study Hawley et al. (2022) did not define how they conceptualized a suicide media narrative.

Despite widespread use of narratives in suicide-prevention work, evidence is mixed on what parts of a narrative have positive effects (Braun et al., 2023). Experts caution that when it comes to suicide, narratives must simultaneously fight suicide stigma without also

unintentionally normalizing suicide which could convey the idea that suicide is an acceptable behavior (Niederkrötenhaller et al., 2014). Till et al. (2023) experimentally manipulated exposure to different suicide prevention narratives. In this experiment, Till et al. (2023) found that exposure to narrative elements that emphasize suicide statistics unintentionally increased accessibility to thoughts of death and dying. These results underscore the complex nature of suicide narratives.

Although not focused specifically on narratives, Niederkrötenhaller et al. (2022) studied stories of suicidal ideation and recovery, finding that these stories of successful navigation of suicidal crisis affects participants. The results were less clear concerning help-seeking behaviors and attitudes towards suicidal ideation. As narratives have demonstrated effects on beliefs and attitudes, a narrative may be more effective than other types of stories in affecting belief and attitude change. Additionally, one of the key stories through which narratives have been assessed, uses suicidal ideations as a story line (Green, 2004). Although researchers have largely ignored suicide as a variable when using this story, these studies indicate how narratives including suicide information are processed and provide solid evidence that suicides in narratives can effectively change beliefs and attitudes.

Meghan and Harry's Narrative

Meghan and Harry's interview with Oprah Winfrey meets all the characteristics of a narrative. Meghan clearly lays out a timeline of events from beginning to experience suicidal thoughts, to asking for help, and disclosing these thoughts to Harry. At the end of the narrative, Meghan spoke clearly about hope, saying "But I'm still standing, and my hope for people in the takeaway from this is to know that there's another side," providing a resolution to the problems posed during the interview (Sun, 2021).

Given this context, narrative persuasion is best suited to examine this interview and resulting effects. Narratives have the power to enact belief, attitudinal, and behavior change. In the context of suicide, stories of hope have been shown to decrease suicide rates (Niederkrötenhaller et al., 2022). This interview meets the criteria of a narrative and contains elements of hope. Following this line of logic, this specific narrative should alter beliefs, attitudes, and behavioral intentions surrounding suicidal ideation.

Additionally, narratives may be particularly useful for conveying information and changing beliefs around stigmatizing topics, like mental illness and suicide (Heley et al., 2020). For instance, Zhuang and Guidry (2022) conducted a meta-analysis of narrative persuasion and stigma and found that narratives have a small effect on stigma reduction. Various other studies have examined stigma, finding that narratives reduce levels of stigma towards outgroups (Christy, 2018; Zhang & Wen, 2021). These effects may be due to narrative's ability to place others in the role of a stigmatized group, thereby increasing empathy (Heley et al., 2020). Therefore, narrative persuasion may be well suited to examine mental illness and suicide narratives.

Finally, Fitzgerald and Green (2017) asserted that transportation may help overcome personal obstacles when approaching certain health topics through personalizing the health issue and thereby increasing personal relevance of the issue. This may be especially relevant in the context of mental health, mental illness, and suicide. Open discussions of serious mental health concerns or suicide are shrouded in stigma and often avoided. Narratives may serve as a tool to decrease stigma and avoidance and convey issue relevant information.

Meghan and Harry are easily recognizable public figures which may lead to greater personalization and increase of personal relevance to many viewers. Vafeiadis et al., (2022)

examined the role of celebrity status in narratives by experimentally comparing a narrative with a celebrity to a non-celebrity. Within the study they found that celebrity narratives significantly influenced narrative effects, such as belief and attitude change. Importantly, Vafeiadis et al. (2022) found that celebrities may serve as peripheral cues for individuals without any experience with the subject matter, increasing the relevance of the topic. Therefore, as Meghan and Harry are celebrities, this may increase the relevance of suicide and suicidal ideation for viewers, increasing the odds of narrative effects.

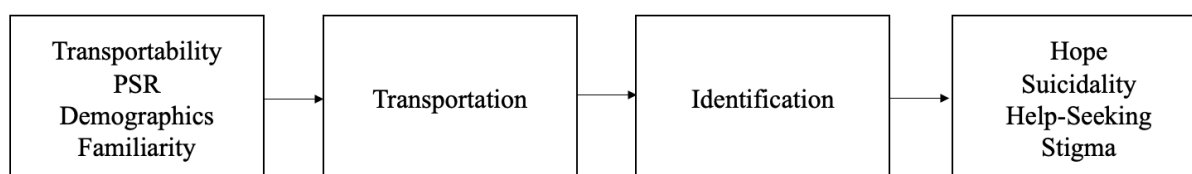
In sum, narrative persuasion is the use of narrative to illicit behavior, belief, and attitudinal changes. Transportation is the primary mechanism that leads to narrative persuasion effects. Narrative persuasion has been explored in a variety of health contexts, including mental health and suicide. These studies all indicate significant effects on attitudes, beliefs, and health behaviors. Meghan and Harry's interview can be conceptualized as a narrative, therefore narrative persuasion is an appropriate theoretical basis for this study. The Extended-Transportation Imagery Model, first conceptualized as the Transportation Imagery Model by Green and Brock (2002) and updated by Van Laer and colleagues (2014) to the Extended-Transportation Imagery Model, offers a theoretical basis through which to study narrative persuasion.

Extended-Transportation Imagery Model

The Transportation Imagery Model (TIM) from Green and Brock (2002) is a useful framework to study narrative persuasion. This model was updated by Van Laer and colleagues in 2014 to form the Extended-Transportation Imagery Model or the E-TIM. The E-TIM posits that imagery from narratives significantly affects transportation and thus, narrative persuasion. The model assumes that a series of input variables affect transportation, which in turn, leads to

various persuasive outcomes (see Figure 2.1). I propose two changes to the E-TIM which will be tested in my dissertation. These are the inclusion of PSR and identification as variables. These changes center around the source of the narrative, that is, the use of a celebrity in a narrative. Below, I discussed the model in more detail, including the proposed changes.

Figure 2.1



Antecedents to Transportation

Van Laer et al. (2014) identified four variables as story receiver variables which affect transportation. In essence, these are variables that audience members possess that may affect levels of transportation. Story receiver variables originally capture 4 variables, familiarity, attention, transportability, and demographics. However, I argue that PSR should be included as an additional story receiver variable affecting transportation. PSRs are also a concept which could be significant in narrative processing. PSR capture enduring relationship patterns which persist outside media exposure. Slater et al., (2018) examined PSR in relation to narratives, finding that PSR is an important measure of engagement with narrative characters. In particular, Slater and colleagues (2018) asserted PSR may be particularly applicable to long term exposure to celebrities and other public figures. Slater et al. (2018) also situated PSR similar to transportability. That is, PSR is an individual characteristic that some individuals possess, whereas others do not. Nisbett and Schartel Dunn (2021) studied PSR, narrative engagement, and reactance, finding that PSR with a celebrity significantly mediated narrative engagement and, as a result, levels of reactance generated by the narrative. Finally, Myrick (2019) experimentally

tested how audience involvement (PSR) with a celebrity prior to exposure to a health disclosure, affects viewers. In other words, Myrick (2019) tested how a prior PSR with a celebrity affects a subsequent health disclosure, finding that PSR emerged as a significant predictor to behavioral health intentions and providing evidence for the role of PSR as a participant characteristic. Therefore, PSR should serve as an antecedent to transportation, stemming from story receiver variables.

Turning to the original story receiver variables, Van Laer et al. (2014) listed familiarity as an important concept. Familiarity can be defined as “the degree to which a story receiver has prior knowledge about or personal experience with the story topic or genre” (Van Laer et al., 2013, p. 803). Numerous studies have found that familiarity with the subject matter increases transportation (Green, 2004; Van Laer et al., 2013). Indeed, Collins and Lazard (2021) investigated beliefs about anorexia nervosa and narrative texts. Results from their study indicated that experiences with eating disorders resulted in greater transportation. Therefore, familiarity is an important antecedent within the E-TIM. In relation to my dissertation, participants may be familiar with Meghan Markle or/and with suicide, which could affect results.

Next, Van Laer et al. (2013) list attention as an important variable. Attention encompasses how much “focused concentration” story receivers give the story; more attention to the story increases the chance of transportation occurring (Van Laer et al., 2013). Attention can be affected by both internal and external sources. Internal sources include competing thoughts or distractions while external sources capture environmental noise that may occur outside of the individual. As transportation is thought to be the essential component to narrative persuasion effects, attention to a narrative affects what, if any, transportation takes place.

Transportability accounts for individual's likeliness to be transported. Some individuals are more likely to be transported by texts than others, leading to differences in transportation effects. Mazzocco et al. (2010) investigated individual differences in transportability, finding differences in individual reception to transportation. In essence, some individuals were highly transported whereas others were not, leading to the conclusion that transportability is an idiosyncratic individual attribute.

Finally, demographic characteristics like age, education level, and sex have shown to affect transportation. Numerous studies report age, education level, and sex differences (Dahlstrom et al., 2018; Hoeken et al., 2016; Ooms et al., 2019). These differences seem to be idiosyncratic to each study, making it difficult to clearly define which demographic variables are significant. In this study, race may be an important demographic variable. Extant studies in the celebrity health disclosure literature suggest that race impacts identification (Kosenko et al., 2018). Meghan Markle is a biracial woman, and she has openly discussed experiencing widespread racism via the British media and British Royal Family. Indeed, issues of race and racism were heavily covered in the Oprah interview where Meghan's disclosure originated, with Meghan stating that the racist news coverage was a contributing factor to her suicidal ideation. Based upon the literature and the role race and racism play in the context of Meghan's disclosure, race could be an important variable affecting transportation.

In sum, Van Laer et al. (2014) identified four story receiver variables affecting transportation, familiarity, attention, transportability, and participant demographics. My dissertation updates this category through the addition of PSRs. PSRs may be particularly applicable in the context of celebrity narratives, where the audience may have a pre-existing relationship with the celebrity prior to narrative exposure (Slater et al., 2018). My dissertation

will illuminate PSRs role in narrative persuasion. Next, I discuss how identification plays a role in the E-TIM.

Mediating Role of Identification

Van Laer et al. (2013) did not include identification in their conceptualization of the E-TIM. However, research surrounding narrative persuasion has found significant effects with identification (De Graaf et al., 2012). Many scholars agree that identification significantly influences transportation effects (De Graaf et al., 2012; Collins & Lazard, 2021).

Indeed, identification is so influential that Slater and Rouner (2002) proposed it as an alternative path to transportation in their understanding of narrative persuasion using the Extended-Elaboration Likelihood Model (E-ELM). Therefore, any study of narrative persuasion ought to include identification as a variable. Additionally, as stated, the context of this dissertation is a celebrity narrative. As discussed, identification is a significant variable in the celebrity health disclosure literature and therefore should be incorporated into this study.

In addition to the celebrity health disclosure literature, identification with characters has also been found to be a significant variable when studying suicide and suicide narratives (Posselt et al., 2021; Till et al., 2015). Whether identification leads to positive effects (increase in hope) or negative (increase in suicidality) depends on the outcome of the individual the viewer is identifying with. Should that person die by suicide, identification is thought to lead to an increase in suicidality (Posselt et al., 2021; Till et al., 2015), whereas if the person is depicted as positively navigating a suicidal crisis, identification is thought to result in an increase in hope (Niederkrotenthaler et al., 2010). Till et al. (2015), experimentally tested exposure to and identification with characters that die by suicide, live, and die from unrelated causes. Significantly, Till et al. (2015) found identification with characters who die by suicide increased

suicidality whereas exposure to a character that survived a suicidal crisis lead to higher levels of life satisfaction.

Identification and suicide have also been studied in the context of the British Royal Family. One study investigated suicide rates in England and Wales following the death of Princess Diana (Hawton et al., 2000). Researchers found that suicides increased in the month after Diana's funeral. Specifically, this increase was observed in women of Diana's age. Hawton et al. (2000) hypothesized that perceived identification with Diana and social modeling led to this increase in suicide. This study provides evidence of the importance of identification in the context of suicide and in the context of the British Royal Family, of which Meghan Markle is a part.

Based upon this evidence, I argue that identification mediates the relationship between transportation and outcome variables like help-seeking, suicidality, stigma, and hope. The extant research into narrative persuasion has also found identification to be a significant variable affecting transportation (De Graaf et al., 2012). Specifically, multiple researchers have found that identification mediates the relationship between transportation and other outcome variables (De Graaf et al., 2012; Ferchaud et al., 2020), as I argue. Additionally, Brown (2015) theoretically proposed a process of audience involvement through narratives. In this model, Brown (2015) positioned transportation as an antecedent to identification. In an experimental study, Ferchaud et al., (2020) tested narratives of mental illness in video games, finding that transportation led to identification, with identification mediating the outcome variables (stigma and stereotyping; Ferchaud et al., 2020).

In all, identification is an important variable to consider in tandem with transportation. Many studies have found effects from identification with story characters on attitudes, beliefs,

and behaviors (De Graaf et al., 2012; Collins & Lazard, 2021). Additionally, identification is a key variable in suicide narratives, where identification has been found to affect audience suicidality (Posselt et al., 2021; Till et al., 2015). Theoretically, scholars have positioned identification as an outcome of transportation (Brown, 2015), with some empirical work supporting this (Ferchauud et al., 2020). Therefore, based on this, I argue that identification mediates the relationship between transportation and subsequent effects.

Outcomes of the E-TIM

Van Laer et al. (2013) posited five outcomes of transportation, affective responses, cognitive responses, attitudinal effects, belief effects, and behavioral intentions. Each will be described in more detail below, beginning with affective responses.

Affective responses refer to feelings and emotions created through transportation. Brock and Green (2002) emphasize the importance of emotions in their original conceptualization of the TIM, arguing that emotions work to change attitudes and beliefs. Mazzocco et al., (2010) conducted an experiment to test narrative persuasion processes, finding that emotional responses significantly mediated attitudinal change. Quintero Johnson and Sangalang (2017) asserted that emotional engagement with a narrative is essential to narrative involvement, a concept closely aligned with transportation. Furthermore, through an experiment, they found emotional engagement correlated with the persuasive outcomes, like attitude change, of the study, underscoring the importance of emotions in narrative persuasion. Behavioral intentions have also been found to be influenced by emotional outcomes (Ooms et al., 2019). In sum, affective responses are a significant factor in narrative persuasion, affecting resulting attitudes, beliefs, and behavioral intentions.

Cognitive responses include thoughts or cognitions spurred by narratives. The role of cognitive responses with narrative persuasion is somewhat mixed. Some scholars have found no evidence of a relationship between transportation and cognitive responses (Quintero Johnson & Sangalang, 2018). However, other scholars found cognitive responses occur as a result of transportation (Green & Brock, 2002; Fitzgerald & Green, 2017). Green and Brock (2002) argued that transportation leads to the inhibition of cognitive responses, resulting in a reduction of counterarguing which leads to other persuasive effects like attitude and belief change. Additionally, some research indicates that the presence and level of cognitive responses vary depending on the individual (Hoeken & Fiekkers, 2014). Overall, cognitive responses may come as a result of transportation and these responses are thought to be inhibited by transportation itself.

Beliefs and attitudes are commonly paired together in narrative research. Although these are separate constructs, many studies fail to make a distinction between the two. Attitudinal effects capture changes in attitudes, either increasing attitudinal support or changing attitudes to attitude-congruent states. Much of narrative persuasion research reports changes in attitudes as a consequence of transportation. For instance, De Graaf et al. (2012) found that participants adopted a narrative character's attitude, even if they were counter to the original attitudinal position. Furthermore, De Graaf et al. (2012) found that narratives can bolster existing attitudes. Several meta-analyses have also found support for attitudinal change (Braddock & Dillard, 2016; Shen et al., 2015). In addition to attitude change, beliefs are also affected by narrative persuasion. Evidence from meta-analyses indicate belief change as an outcome of transportation and narrative persuasion (Braddock & Dillard, 2016; Shen et al., 2015). Overall, both attitudes and beliefs are affected by transportation.

Finally, behaviors and behavioral intentions have been examined as an outcome of narrative persuasion. Evidence indicates that narrative persuasion affects subsequent behaviors and behavioral intentions (Braddock & Dillard, 2016; Shen et al., 2015). However, there may be some variation in effects depending on the type of behavior advocated. Shen and colleagues (2015) conducted a meta-analysis of health narratives, finding that certain types of behaviors are more successfully advocated for compared to others. Specifically, they found that detection and prevention behaviors were significantly affected by narratives whereas cessation behaviors were not. Similarly, another meta-analysis found that healthy behaviors advocated via narrative seemed to perform better compared to the cessation of unhealthy behaviors (De Graaf et al., 2016). Overall, narratives significantly affect behaviors and behavioral intentions, although these effects vary based upon the type of behavior advocated.

Summary of E-TIM

In sum, the E-TIM explicates how narratives affect the audience. According to the E-TIM, transportation is the primary mechanism through which narrative effects happen. A number of input variables affect transportation. Transportation then leads to a range of outcomes including affective responses, cognitive responses, belief and attitudinal responses, and behavior change.

In the context of this dissertation, Meghan Markle's disclosure of suicidal ideation can be considered a narrative. A narrative is a specific type of story containing a beginning, middle, and end, with a resolution to conflict. Meghan's disclosure fits these criteria, and as such, narrative persuasion is an appropriate theoretical framework to investigate this phenomenon. However, a separate body of research, the celebrity disclosure literature, also provides a basis for this study. Therefore, in this study, I seek to combine these two areas of research. To do so, I propose

adding in two fundamental mechanisms (identification and PSR) identified in the celebrity disclosure literature to the narrative persuasion literature.

I argue that a celebrity narrative constitutes a specific type of narrative that may be more persuasive than a non-celebrity narrative. Vafeiadis et al. (2022) experimentally tested the effects of a celebrity vs. a non-celebrity opioid addiction narrative. Significantly, they found that the celebrity narrative led to more persuasive effects compared to the non-celebrity (Vafeiadis et al., 2022). Vafeiadis et al. (2022) hypothesized that celebrities make health issues more relevant for individuals, thus leading to these effects. Adding to this research, Ferrari (2021) conducted a quasi-experiment investigating celebrity narratives disclosing mental illness and resulting social distance and stigma scores for mental illness. Significantly, Ferrari (2021) found that the celebrity condition resulted in lower social distance ratings and lower stigma scores. My dissertation will add to these studies, clarifying the effects of celebrity narratives using the E-TIM.

Overall Summary

In conclusion, mental health, mental illness, suicide, and suicide-related concepts are often conflated within literature and poorly defined. In studying suicide and suicide-related concepts, mental health and mental illness cannot be ignored. Additionally, when studying anything related to mental illness and suicide, stigma must be considered. Both mental illness and suicide carry stigma which has a range of negative effects like social isolation, decreased help-seeking, and negative mental health.

Celebrity health disclosures have been extensively tested, showing significant results on health beliefs, attitudes, and behaviors. The primary way that celebrity health disclosures are

through to work is through audience involvement, namely, identification and parasocial relationships. However, Meghan's disclosure takes the form of a narrative.

Narrative persuasion is a powerful tool that has been applied to a variety of health contexts. Extant research demonstrates clear attitudinal, belief, and behavioral effects as a result of narrative persuasion processes. Meghan Markle's Oprah interview fits the parameters of a narrative. In this interview, Markle speaks candidly about suicidal ideations and help-seeking behaviors, which likely will affect viewer beliefs and attitudes about suicide and help-seeking behaviors. To study Meghan's disclosure as a narrative, the E-TIM is an appropriate theoretical model. The E-TIM explicates how narratives lead to persuasive effects. I proposed updating the E-TIM to include measures of audience involvement, identified in the celebrity disclosure literature. As referenced several times in this chapter, the next chapter (Chapter 3) discusses a study investigating the contents of online news coverage of Meghan's disclosure.

CHAPTER 3: THEMATIC ANALYSIS OF NEWS CONVERAGE OF MEGHAN MARKLE'S DISCLOSURE

The previous chapter covered the background literature and theoretical basis of my dissertation. In this chapter, I review a qualitative content analysis I completed which investigated online news stories of Meghan Markle's disclosure of suicidal ideation. This study focused on identifying the themes and news frames found within these news articles. The goal of this content analysis was to inform my dissertation on the contents of news articles published about Meghan Markle's suicide disclosure. In the following pages, I cover the relevant literature pertaining to news coverage and suicide-related phenomenon. Then I detail the methodology used for this study. I cover the results and discussion of these results. Finally, I provide a discussion of the implications and takeaways from this study.

Media publication of suicide deaths has been linked to increases in suicides (Domaradzi, 2021). This effect, termed the Werther Effect, has been studied in a variety of suicide deaths. For instance, after Robin Williams died by suicide, there was a 10% increase in suicide deaths in the following three months (Fink et al., 2018). As a result, many organizations have published media guidelines for covering public suicide deaths. Currently there are recommendations for both things to avoid and things to include in these news stories. Table 3.1 details these recommendations as given by the Reporting on Suicide Organization (Reporting on Suicide, 2020).

Table 3.1. Recommendations for Suicide Reporting from Reporting on Suicide Organization

Recommendations to Avoid	Recommendations to Use
• Detailed descriptions of method and location of death • Sharing suicide note contents • Report intimate details about the person who died • Present suicide as a common or understandable reaction to hardships • Monocausal explanation for suicide • Sensational reporting • Glamorizing and romanticizing suicide • Use alarmist language like “epidemic” or “skyrocketing” to talk about suicide rates	• General information about death and location • Report a note was found without any other comments • Report general statements about the person who died • Report coping skills, including support and treatment for suicidal thoughts • Report warning signs and give context to suicide • Use sensitive language • Dispel myths that suicide is glamorous, romantic, or heroic • Use best available data and use words like “rise” or “increase”

Some of the proposed guidelines may translate well to suicidal ideation stories. For instance, sensational and glamorized reporting can easily be applied to stories of suicidal ideation. However, other recommendations, like descriptions of method and location of death are not applicable. Although a note may have been written in the case of suicidal ideation, no news

reports, interview, or otherwise have ever been reported that Markle wrote a note. Therefore, this recommendation does not apply to this context. Additionally, although Meghan disclosed to Harry the method in which she thought about killing herself, this has not been disclosed to the public, again rendering that recommendation unnecessary. In sum, these recommendations may be a good starting point to examine suicidal ideation, however, they also may fail to capture all reporting features around suicidal ideation.

A majority of the content analytic work conducted on news stories of public suicides focuses on (non)adherence to these guidelines and pays little attention to other potential content within the article. However, the articles which do investigate the contents of news articles all report different content. For instance, Karimipour (2016) conducted a thematic analysis of news coverage of NFL football players suicide deaths. In this analysis, Karimipour analyzed the frames utilized within news coverage to speak about suicide, finding evidence for five frames (causes, character, medical, legal, and religious). Likewise, Al Ajjan and Kozman (2023) analyzed news reporting following a prominent suicide, finding four different themes in the data (sympathy, mental illness, system's mistake, and punishment for holding flag). Between the two studies, there is relatively little overlap between the themes Karimipour (2016) found compared to the themes that Al Ajjan and Kozaman (2023) found. Together these studies illustrate differences in news story content about suicide, depending on the context of the suicide. This may indicate that news reporting on suicide, beyond adherence to recommended guidelines, is largely context specific.

Emerging evidence suggests that stories of suicidal ideation, ending in a positive outcome (i.e., overcoming suicidal thoughts and crises) result in a decrease in reader suicidality, a phenomenon named the Papageno Effect (Niederkrotenthaler et al., 2010). Evidence regarding

the Papageno effect is mixed; some reports finding a decrease in suicides following Papageno stories, whereas others reporting no effect (Domaradzki, 2021). Till et al., (2018) experimentally manipulated stories about suicidal ideation, finding a decrease in suicidality and increase in suicide knowledge as a result of exposure. However, Till et al.'s (2018) study did not include stories of a celebrity experiencing suicidal ideation.

The Papageno effect was originally proposed in 2010 by Niederkrotenthaler and colleagues in 2010. In the seminal piece, Niederkrotenthaler et al. (2010) define the Papageno effect as, “any suicide-protective reporting” (p. 234). Later, in the discussion they clarified that “[news] items with a focus on suicidal ideation not accompanied by a suicide attempt or completed suicide may have a protective impact” (p. 241). They argued that these stories are different from other types of stories because, “the reporting strategy underlying these media items seems to deviate from the general tendency to present potentially protective suicide-related information together with harmful item characteristics” (p. 241). Additionally, they argued that the way this works is through identification saying that, “media items that focus on individual suicidal ideation may enhance identification with the reported individual and thus highlight the reported outcome as ‘going on living’” (p. 241). Mere adherence to protective guidelines does not constitute a story that may trigger the Papageno effect. Taken together, this suggests that the Papageno effect occurs with stories of overcoming suicidal ideation, not including suicide attempts or deaths, in combination with protective reporting standards.

The lack of a firm definition of what messages constitute the Papageno effect is reflected in the extant literature. For instance, although the Papageno effect, as defined by Niederkrotenthaler et al. (2010) is based on “stories of suicidal ideation *not accompanied by a suicide attempt or completed suicide*” (emphasis added, p. 241), many studies have looked at

news coverage of suicide deaths, and argued for a Papageno effect (e.g., Lueck et al., 2023). Given that Niederkrotenthaler et al. (2010) also defined the Papageno effect as “any suicide-protective reporting” (p. 234), which is different from their later definition of stories focused on suicidal ideation, this confusion is unsurprising. In later research, Niederkrotenthaler et al. (2022) defined the Papageno effect as stories that “feature personal narrative of hope and recovery” (p. e158), adding to the theoretical murkiness of the concept. Therefore, it seems that the literature itself is not clear on the types of messaging lead to the Papageno effect, and what the Papageno effect actually is.

The Papageno Effect assumes some core content features are contained with the news story. Specifically, the Papageno Effect is based upon the premise that news stories which highlight positively overcoming a suicidal crisis will lead to an increase in hope and decrease in suicidality (Niederkrotenthaler et al., 2010). Therefore, for this effect to occur, the news stories must at least contain a story of suicidal ideation and some element of hope. However, the actual contents of these stories is unknown. In the seminal work that conceptualized the Papageno effect, Niederkrotenthaler et al. (2010) asserted that the Papageno effect was based on stories of hope and survival, which they argue, contain protective reporting elements. To test this, Niederkrotenthaler et al. (2010) conducted a content analysis of Austrian news and compared it to suicide rates in Austria. Although the Papageno effect purportedly happens when news stories contain protective elements, they found that news stories which focused on expert opinion, which itself is a protective element, contained the most protective elements but these stories were positively correlated with an increase in suicide rates. Therefore, the presence of protective elements in itself, is not enough to prompt the Papageno effect.

Much of the work surrounding the Papageno Effect uses experimental designs to find *effects* of exposure to manipulated media content (i.e., Domaradzi et al., 2021; Till et al., 2018). However, none of these studies have systematically investigated the *content* of these types of stories, beyond the base assumptions required by the Papageno Effect. For instance, Niederkrotenthaler et al. (2022) conducted a meta-analysis, reviewing the effects of news stories focused on suicidal ideation. Most of the studies conducted were in Australia and Austria, leaving a gap in the literature for U.S. based coverage. Additionally, almost all of the extant studies on the Papageno effect have been randomized control trials which have not used real news media stories as stimuli (Niederkrotenthaler et al., 2022). In essence, the current literature supports the idea that these stories may have a protective effect, but there is limited evidence of the actual effect occurring. Results from the meta-analysis reveal a small protective effect on suicidal ideation lasting up to four weeks after exposure. However, due to the sample, researchers were unable to speak to characteristics of the stories that may cause these effects.

There is one published article examining the content of news stories about a celebrity suicidal ideation and suicide attempt disclosure (Ekstein et al., 2023). Ekstein et al. (2023) investigated news publication of an Australian tennis celebrity's, Jelena Dokic, disclosure of a suicidal crisis. In their study, Ekstein and colleagues (2023) coded mainly for the presence of putatively harmful and putatively protective reporting characteristics for suicide, almost exactly as the content analyses conducted on suicide deaths have done. Additionally, the researchers coded for the general theme of each article, with possible themes ranging from survival story, ideation story, call for action, and other positive or negative message.

The results from this study confirm that the reporting recommendations for suicide can be applied to stories of celebrity suicidal ideation. However, this study contains the same limitations

that the existing content analytic work on news reports of suicide deaths. That is, it only analyzes adherence of recommendations for reporting on suicide and fails to address any other type of content the news articles may contain. There are also some questions about the validity of the findings. Ekstein and colleagues (2023) reported percent agreement as their standard for inter-coder reliability. Scholars argue that percent agreement may be significantly affected by chance agreement, and not an accurate indicator of reliability (Cohen, 1960).

Additionally, although Ekstein and colleagues (2023) did code for the general theme of each news story, they failed to report a number of important considerations which significantly undermines the utility of the data. Specifically, Ekstein et al. (2023) did not report how they generated the initial list of themes they coded for and how they conceptualized and operationalized the various themes. Finally, in a discussion of the results, Ekstein et al. (2023) neglected to even mention the results of the themes, essentially erasing this variable from the study. As such, this study provides a basis for investigating news adherence to guidelines in news reports of celebrity suicidal ideation disclosure, but does little to illuminate what other content may be present in these stories.

As such, this study is situated to examine what stories about suicidal ideation, in one specific context, look like. Given the lack of literature surrounding suicidal ideation in the news, I pose the following research question to guide this study:

RQ1: What are the features of online news articles about Meghan Markle's disclosure of suicidal ideation?

Framing

In addition to examining the content of news stories, this study also examined the news frames present in news stories. Framing theory stipulates that the way in which a topic is

expressed (a frame) affects audience understanding (Scheufele & Tewksbury, 2007). According to Entman (1993), a frame “select[s] some aspects of a perceived reality and make them more salient in a communicating text, in such a way as to promote a particular problem definition, causal interpretation, moral evaluation, and/or treatment recommendation” (p. 52). The same issue may be presented using different frames which can lead to differences in audience understanding and reception (Scheufele & Tewksbury, 2007).

Framing theory has been used to investigate suicide reporting (Arendt et al., 2016; Karimipour, 2016; Thom et al., 2011). Indeed, Thom et al. (2011) called for increased investigation into framing and suicide news in 2011. Answering this call, Arendt et al. (2016) argued that “journalists reporting on suicide select, accentuate, or exclude aspects of the respective suicide that may evoke a specific, and sometimes, substantially constricted perspective on suicide” (p. 165). Various news frames have been identified in news reports of suicide. Al Ajjan and Kozman (2023) identified the presence of episodic and thematic news frames in the context of suicide. Thom et al. (2011) found two prominent frames in reporting on website-related suicides, X-factor and media as enablers. Karimipour (2016) found five different frames (causes, character, medical, legal, and religious) in news reports of NFL player suicide deaths.

The present research has examined frames in suicide news content, opposed to news about suicidal ideation. Additionally, even within the suicide news content, a variety of frames have been identified, depending on the study context. As such, there is a lack of knowledge about what news frames surrounding suicidal ideation look like. This leads to the following research question, guiding this study:

RQ2: What are common frames found in online news articles about Meghan Markle’s disclosure of suicidal ideation?

Method

Numerous studies have examined news stories of celebrity suicides. Importantly, these examinations have looked at suicide deaths, as opposed to suicidal ideation. Suicidal ideation has received less academic attention, although current research is expanding. As such, a qualitative approach to examine the thematic content of news is needed.

In order to examine articles about Meghan Markle's suicide disclosure, a sample was gathered from Google News. Google News allows users to set a date range for article search; the date for this search was set to March 7, 2021 (the date of the interview) to March 21st, 2021, giving a two-week range. The search terms for this project were "Meghan Markle" and "suicide" or "suicidal." The first five pages of news stories were selected for a total of 50 stories. However, data saturation occurred far before the 50 stories, although all 50 were read and included in the study. Articles were screened for inclusion eligibility. In order to be considered as part of the study, articles needed to contain more than a passing reference to Markle's disclosure. In other words, articles needed some substantial discussion of suicidal ideation. Articles were supplemented to replace excluded articles as needed.

To answer RQ1, I followed Braun and Clarke's (2006) guidelines for conducting a thematic analysis. To begin, myself and another person read through the entire sample to familiarize ourselves with the data. Following this, we created an exhaustive list of codes found in the data. These lists were created independently of each other. In the next step, these codes were then grouped into themes. During this step we continually read and reread the articles to establish thematic fit between initial codes and themes. Finally, once themes were finalized, we went through the data to categorize each story.

To answer RQ2, I followed Linström and Marais's (2012) recommendations for performing a qualitative news frame analysis, which includes adhering to Braun & Clarke's (2006) guidelines. I and another person read through the sample and reviewed the news stories. From there, we each independently analyzed each story, looking for cues that conveyed problem, causal, moral, and treatment recommendations. Following this, we met and discussed and refined the frames. Based upon our discussion, we solidified the frames, and returned to the data to check for coherence.

Findings

Five themes emerged from the data: destigmatizing mental illness and suicide, exploring pregnancy and mental health, reacting negatively, centering Meghan as a victim, and sensationalizing content. Three news frames were identified, *Meghan as a victim*, *Suicide as a public health concern*, and *Suicide as gossip*. Each will be discussed extensively below.

Themes

Destigmatizing Mental Illness and Suicide

Destigmatizing mental illness captures features of the article that refute stigma associated with suicide, suicidal ideation, and mental illness. Destigmatizing mental illness and suicide has five subthemes: informing about suicide, resisting suicide secrecy, relating to Meghan, generating hope, and creating conversations about suicide. Importantly, although mental illness and suicide are distinct concepts, these were often conflated within articles, making separation of the two difficult. Many times, Meghan's disclosure of suicidal ideation was termed as "mental distress" and classified as "depression." For example, one article directly conflated the two, writing, "[...] Markle had been silently suffering from suicidal ideation—and was shut down when she sought help from the monarchy for depression." Another wrote, "There is proof that

the family and staff of the U.K. monarchy knew about Meghan' Markle's mental health struggles [...] after the Duchess of Sussex revealed she considered suicide." Therefore, although these concepts are separate, they fall within the same thematic category.

Informing about Suicide

Information about suicide occurred in many forms. Some information was presented as statistics and facts. Other information was presented as myth-busting or expert commentary. Articles presented statistics about suicide, with one of the most included common elements being statistics on the prevalence of suicide and suicidal ideation. Articles tended to provide statistics relevant to the U.S. or generalized statistics without mentioning location. One U.S. based article wrote, "Suicide is the tenth leading cause of death in the U.S. In 2019 alone, there were nearly 1.4 million confirmed suicide attempts." A British based newspaper included generalized statistics, "It's the biggest killer of people under the age of 35, more deadly than cancer and car crashes." Many times, the inclusion of statistical information was used to emphasize how many people are affected by suicide. Indeed, in the above example, the source uses other comparisons, like cancer and car crashes, to highlight how common suicidal ideations and suicide are. This information raises awareness about suicide and corrects misinformation that may lead to stigmatizing views and attitudes.

Myths focused on correcting false information, or myths, around suicide. These myths include things like prevalence of suicide and suicidal ideation, etiology of suicidal ideation, and the nature of suicide and suicidal ideation. Oftentimes, myths were corrected with the inclusion of information around suicide. For example, one article wrote "Of the 800,000 lives we lose annually across the globe to this preventable cause, it's important to remember that there isn't a certain type of person who fits this statistic." Within this quote, correct information about suicide

is offered while simultaneously refuting myths about who is affected by suicide. Another article stated, “Mental health issues can be caused by not only neurological and biological factors, but environmental and situational stressors that can affect anyone, like job loss, divorce, illness, or loss of a loved one.” Again, this refutes the myth that only certain people are affected by suicide and provides information about what may cause suicidal ideations in anyone. Other myths refuted in articles include attention-seeking as a motivation for suicidal behavior and talking about suicide will spur suicidal behavior. By refuting myths about suicide, the articles break stigmas associated with suicide and suicidal ideation.

Of note was a particular source, *The Sun*, which included detailed information about suicide rates, refutation of myths, and sources for help, in every article. Within this information, *The Sun* touched upon stigma specifically and issues a stigma-challenging statement saying, “Yet it’s [suicide] rarely spoken of, a taboo that threatens to continue its deadly rampage unless we all stop and take notice, now.” Furthermore, this source launched its own suicide prevention campaign, entitled the “You’re not alone” campaign.

Finally, expert sources, both organizations and individual experts were consulted. Oftentimes statistics came from the CDC or other official sources like state-level departments. Experts offered commentary on Meghan’s disclosure and information about suicide. For instance, one expert commented on Meghan’s disclosure stating, “I do think Meghan Markle talking about suicide has incredible cultural impact.” Later on, the expert then offers information about suicide, saying, “The next steps here are continuing to educate people about the myths about suicide.” Experts were all in favor of Meghan’s disclosure, often praising her for her courageousness in starting a public conversation.

Resisting Suicide Secrecy

Many articles spoke to the secrecy commonly found around suicide and suicidal thoughts. Suicide and suicidal ideation are taboo topics, often left unspoken. This category captures reporting on such secrecy around suicidal ideation. Many articles acknowledged secrecy, writing “While mental illness is one of the most common struggles in this country, suicide is an aspect that is often glossed over or hushed,” “[suicide is] something that people are uncomfortable with, so they don’t want to talk about it,” and “still there is a heavy veil of secrecy covering this all too common mental health crisis.” Through acknowledging the secretive nature of suicidal ideations and suicide, articles directly refuted social norms to keep conversations secret. Indeed, many articles, after discussing secrecy, continued on to praise Meghan for her openness and creation of a dialogue around suicide. For example, one article stated, “It’s [suicide] something that people are uncomfortable with, so they don’t want to talk about it. That cultural milieu prevents people who need help from seeking it, and Meghan’s interview can be very helpful in empowering people to do so.”

Importantly, none of the articles advocated for secret-keeping. Contrarily, articles urged those experiencing suicidal ideations to get help. Articles shed light on the experience of keeping suicidal ideations a secret, without endorsing the practice. Articles encouraged people to call hotlines for immediate help. Indeed, almost every article included a hotline link, with several including a variety of options for people to select from.

Relating to Meghan

Many articles highlighted how Meghan’s disclosure was relatable to many people. Articles provided individual examples of people relating to Meghan as well as generalized claims of relatability. For example, one article stated in an individual related case, “Boylan is no

royal, and yet in her tweet, said she could relate” while another wrote, “Ms. Green knows this firsthand, having experienced such thoughts in 2012.” Speaking generally, articles stated things like, “She [Markle] is describing a situation that many women can relate to” and “Markle is not alone. While her situation is admittedly different than most, her thoughts and feelings are not.” Through the experience of relating to Meghan, stigma around suicide is decreased.

Generating Hope

Hope captures the future possibilities, after successful negotiation of a suicidal crisis. Many articles reported on the hope that Meghan stated feeling. For instance, one article wrote, “Thankfully Markle says she’s in a much better place now despite the past year of hardship she faced.” Another article stated, “Meghan’s story is one of recovery. [...] By sharing her story she demonstrates that confiding in a loved one, problem-solving with him and making changes in her life took her off the path to suicide.” Other articles spoke of hope generally, “There is hope. [...] Almost always, life can get better” and “The good news is there is help and hope. Most mental illnesses can be treated with therapy and medication.” These elements emphasize that suicidal crises can be navigated and overcome.

Creating Conversations about Suicide

As discussed, suicide is not commonly discussed and often shrouded in secrecy. Many articles praised Meghan for creating opportunities for conversations about suicide with her public disclosure. For instance, one article wrote, “Suicide prevention experts laud Meghan for talking openly about suicide and say her interview is an important cultural moment for normalizing a topic that is typically shrouded in secrecy.” Another stated, “Meghan Markle’s decision to talk openly about her suicidal thoughts in her interview with Oprah Winfrey has the potential to change the way we all talk about suicide.”

Many times, Meghan was credited with reducing the stigma of suicide through starting conversations. One article stated, “It’s [Markle’s disclosure] incredible in terms of addressing the stigma of suicidal thoughts, because publicly talking about this is very important.” A different article wrote, “Talking about suicide breaks the stigma surrounding suicide. It makes treatment more accessible. It lessens the blame and shame.” Finally, one article stated, “Meghan helped chip away at the stigma that constrains people from disclosing their suicidal thoughts.”

Exploring Pregnancy and Mental Health

Meghan Markle was pregnant at the time she experienced suicidal ideations. This fact spurred much commentary about maternal mental health and suicidal experiences. Many articles referenced Meghan’s experience with suicidal ideation in tandem with her pregnancy. Like stigma, articles tended to conflate suicidal ideation and mental illness/mental health. Many articles gave information about maternal mental health, like post-partum depression while ignoring suicidal ideation. Other articles gave information about suicide, ignoring mental health. Therefore, this theme captures both of these types of articles, looking at maternal mental health holistically, which includes both suicide and mental illness. Articles provided information about maternal mental health, like statistics and myths. Articles also spread awareness about maternal mental health.

As stated, reporting of Meghan’s suicidal ideation was often stated in conjunction with her pregnancy status. One article headline announced, “Meghan Markle contemplated suicide during first pregnancy.” Other articles included references to her pregnancy when initially reporting Markle’s suicidal ideation. For example, one article stated, “[...] Meghan opened up about the suicidal thoughts she experienced during her pregnancy with Archie.” Another said, “Markle revealed she was having ‘clear and real and frightening and constant’ thoughts of

suicide while pregnant with her son Archie.” Through doing so, articles emphasized the connection between suicide and pregnancy.

Information about maternal mental health was also offered in articles. Many times, information served to create awareness of maternal mental health struggles. Like suicide information, oftentimes maternal health information took the form of statistics. For example, one article wrote, “The prevalence of suicidal thoughts and self-harm one year before and after giving birth nearly tripled among child-bearing people between 2006 and 2017.” Statistics commonly emphasized the frequency of maternal mental health struggles. Another article highlighted the prevalence saying, “Suicidality in general is on the rise among pregnant women, with self-harm urges and suicidal thoughts tripling among this population over the last decade.” Finally, one article declared suicidal thoughts during pregnancy a public health crisis, stating, “Markle isn’t alone in struggling with thoughts of suicide while pregnant. In fact, it’s a silent and growing public health crisis.” Altogether, this information underscores the frequency of maternal mental health struggles and brings awareness to such struggles.

Reacting Negatively

Relatively few articles had negative responses to Meghan’s disclosure. Those that did generally reported on one specific instance of negative reactions: Piers Morgan doubting Meghan’s claims. The day after Meghan disclosed suicidal ideation during her Oprah interview, Piers Morgan announced, on television, that he did not believe her claims. Articles tended to report the controversy without taking any stance either way. For instance, one article wrote, “But, some did not find her claims believable” referring to Piers Morgan’s critique. This doubt was only reflected in stories reporting on the incident. A singular article questioned if Meghan truly was denied health care but did not raise concerns about the veracity of her suicidal ideation.

The article stated, “Experts have pointed to past instances of royal family members getting mental health treatment and questioned whether the Duchess of Sussex really would’ve been turned away.” Again, this questions the treatment for suicidal ideation, as opposed to the presence of suicidal ideation. Altogether, there were very few outright negative reactions to Meghan’s disclosure.

Centering Meghan as a Victim

Some articles placed Meghan as a victim of the royal family and British tabloids. This was done through reporting of a denial of support, reporting a lack of support, and reporting Meghan’s personal feelings of shame.

Denial of Support

Within her interview, Meghan disclosed that she had sought support from the Royal Family but was denied any mental health care. This was widely reported in articles, for example one stated, “According to Markle, she attempted to get help for her mental health, which the Palace made extraordinarily difficult.” Often reports of a denial of support was made immediately following the initial disclosure. For example, stories stated things like “Meghan Markle revealed that she was left suicidal and the Palace staff ignored her pleas for help” and “Meghan Markle had suicidal thoughts when she lived with the royal family, and received no psychological support despite repeated requests.” Denials of support all emphasize Meghan’s role in asking for aid. Furthermore, this category emphasizes how devastating a denial of support can be. Indeed, one article elaborated on the negative outcomes of denying someone who is suicidal support, saying, “[it] can lead to stronger feelings and thoughts of hopelessness, which are at the core of depression and suicide risk.”

Lack of Support

Lack of support captures reports of no support being offered, opposed to an outright denial of support. Many times, a lack of support was blamed for causing Meghan's suicidal ideation. For example, one article wrote, "Markle told Winfrey that her isolation, false media reports about her, and a lack of support from the royal family led her to have suicidal ideation." Another stated, "[...] Markle revealed that she 'didn't want to be alive anymore' after the abuse she suffered from the British tabloids and the perceived lack of support from the royal family." Some articles clearly stated a lack of support while other articles implied the lack of support. For instance, one article stated, "[...]the palace's unwillingness to refute false stories caused her distress." Another wrote, "Meghan said as a member of the royal family, she felt unprotected and alienated."

Shame

One of the most common quotes used from the article specifically stated Meghan's feelings of shame around suicidal ideation. This quote is as follows, "I was really ashamed to say it at the time and ashamed to have to admit it to Harry, especially because I know how much loss he has suffered, but I know that if I didn't say it, then I would do it" (Sun, 2021). This quote was used in a majority of stories, emphasizing elements of shame.

Sensationalizing Content

Sensationalizing content captures tabloid-like information included in some stories. This information took two different features: the presence of pseudo-experts and emphasis of family drama.

Pseudo-Experts

Pseudo-experts were reported in some instances and presented as though they were true experts on the Royal family and the situation. These include people like body language experts who provided testimony on Meghan and Harry's body language and handwriting analysis experts who analyzed Meghan's handwriting. These pseudo-experts commonly made unsubstantiated claims about the couple and the situation. For instance, one wrote, "body language expert Judi Hames has revealed how photographs from that night reveal how the 'protective' prince struggled to hide his feelings."

Royal Family Drama Claims

Another common sensational feature was the inclusion of Royal family drama. In particular, one instance between Kate Middleton and Meghan about a flower girl dress was referenced frequently. Oftentimes, this was afforded the same amount of coverage as Meghan's suicidal ideation, implying equal importance. For example, one article titled, "7 unanswered questions we can't stop thinking about after Meghan Markle and Prince Harry's jaw-dropping interview," placed questioning about who Meghan asked for help when she was suicidal as important as what the argument with Kate Middleton was about. Another article focused almost entirely on how "Prince William is supporting wife Kate Middleton in the wake of brother Prince Harry and sister-in-law Meghan Markle's interview with Oprah Winfrey," only mentioning Meghan's mental health as a detail disclosed in the interview. All together, these elements undermined the seriousness of Meghan's disclosure and the seriousness of suicide and suicidal ideation.

Frames

To answer RQ2, three news frames were identified in the sample. These are: *Meghan as a victim*, *Suicide as a public health concern*, and *Suicide as gossip*. The frame *Meghan as a victim* situates Meghan as a victim of the media, Royal family, or mental illness. Oftentimes news stories utilizing this frame would report poor treatment of Meghan by the press, denial of support for her mental health, and a lack of support from the Royal family.

The frame *Suicide as a public health concern* contextualized Meghan's disclosure through the lens of suicide more broadly. News stories using this frame would provide information and education about the larger context of suicide, particularly suicide in pregnant people and mothers. Oftentimes, the connection between Meghan's case and the wider public audience was explicitly stated by the writers. For instance, one article wrote "Meghan isn't alone in struggling with thoughts of suicide while pregnant. In fact, it's a silent-and growing-public health crisis."

Finally, the *Suicide as gossip* frame situated Meghan's disclosure as just another piece of gossip coming from the Oprah interview she gave. In this frame, suicide was not given weight or importance, instead the overall focus of the article was to deliver gossip and commentary about Meghan and the Royal family. Markle's disclosure of suicide was often grouped together with other disclosures she made in the interview. This was often done within the first sentence or paragraph of the article.

Discussion

This project examined what articles around Meghan Markle's suicidal ideation disclosure looked like. Through a thematic analysis, five different themes emerged from the data: destigmatizing mental illness and suicide, exploring pregnancy and mental health, reacting

negatively, centering Meghan as a victim, and sensationalizing content. Additionally, three news frames (*Meghan as a victim*, *Suicide as a public health concern*, and *Suicide as gossip*) were discovered.

Destigmatizing Mental Illness

Many of the articles contained information about mental illness and suicide, including statistics, facts, commentary from experts, and refutation of myths. Indeed, *The Sun* provided extensive information about suicide, dispelled myths, and provided contact information for aid. These findings are particularly important given Till et al.'s (2018) study on suicide and tabloid newspapers. Till et al. (2018) found that tabloid newspaper consumption was associated with greater adherence to suicide myths and increased suicide stigma. The findings from this study provide insight into actual tabloid campaigns in articles that deal with suicidal ideation. Additionally, Ardent et al., (2017) found that the inclusion of myth correction resulted in increased knowledge about suicide and increased intention to aid someone in a suicidal crisis.

Despite the positive findings from educating about suicide, one study examining the Papageno effect found that expert commentary and epidemiological information, like statistics, was associated with sensationalist content, and therefore, had a negative effect (Niederkrötenhaler et al., 2010). The themes found in this study were not mutually exclusive; that is an article could contain multiple themes, like both destigmatizing mental illness and sensationalist content. A quantitative content analysis would clarify the distinction between these two categories.

Additionally, articles tended to conflate suicide and mental illness, often using the two concepts interchangeably. Although there is evidence to suggest that mental illness is a risk factor for suicidal ideation, mental illness is not a requirement for suicidal ideation to occur. A

common myth about suicide is that it only affects people with a mental illness (Fuller, 2020). By using suicide and mental illness interchangeably, articles may unintentionally be reinforcing this myth. Ironically this conflation commonly happened in conjunction with suicide education, like statistics.

Perhaps one of the most important subthemes in the anti-stigma theme is relating to Meghan's experience. Articles made reference to specific individuals relating to Meghan as well as broad generalizations of her relatability. This may indicate identification processes at work; people may identify with Meghan and her situation. Additionally, relating to Meghan may decrease feelings of isolation and disconnectedness for those coping with suicidal ideations. Feelings of connection are theorized to be vital in preventing suicide and negotiating suicidal ideations (Klonksy & May, 2015). Finally, as Meghan successfully negotiated her suicidal crisis, this may inspire feelings of hope in those relating to her. Hope is an important protective factor against suicide, and is thought to be a key element in the Papageno effect (Niederkrötenhaler et al., 2022).

Within the anti-stigma theme, secrecy was included as a subtheme. This finding is supported by extant literature; secrecy has been identified previously in suicide literature as a common experience among those dealing with suicidal ideations (Oexle et al., 2018; Rimkeviciene, 2015). However, none of the articles condoned or recommended keeping suicidal ideations secretive. Indeed, a few explicitly stated the opposite, urging people to disclose ideations. By giving voice to the secretive nature of suicidal ideations, this may normalize feelings of isolation for those experiencing suicidal thoughts. Although research is split on whether suicide should be kept stigmatized or push to be normalized, normalizing the unique

experiences of coping with suicidal ideations may help people feel less alone while experiencing it.

Extent research into stories of recovery around suicide emphasize elements of hope as protective factors against suicide (Niederkrotenthaler et al., 2022). Hope was found in some of the articles here. However, hope was not explicitly apparent in all articles. Indeed, hope can serve as a protective factor for suicidal ideation (Huen et al., 2015). However, not all stories contained these elements. Some stories reported on the incident without including any information about resolution of the suicidal crisis. However, stories which featured other elements of anti-stigma theme like information about suicide, relating to Meghan, and creating discussions around suicide were more likely to also feature elements of hope. This suggests that when stories take an anti-stigma approach, multiple elements are included like suicide information and hope.

Exploring Pregnancy and Mental Health

Suicide is one of the leading causes of maternal mortality (Goldman-Mellor & Margerison, 2019; Mangela et al., 2019). However, maternal suicide is often overlooked (Mangla et al., 2019). Meghan's disclosure of suicidal ideation gives voice to these experiences while also raising attention to this issue. Indeed, many of the articles connected Meghan's suicidal ideation to her pregnancy status, reinforcing the link between pregnancy and suicide. This reinforcement also provides opportunities for pregnant people currently experiencing suicidal ideations to find relatable experiences. Research examining the lived experiences of pregnant people with suicidal ideation indicates isolation and secrecy about these feelings are commonplace (Praetorius et al., 2020).

Reacting Negatively

Interestingly, there were limited outright negative reactions to Meghan's disclosure. This could indicate positive reporting practices by the media. Another explanation could be due to the sample requirements. In order to be included, the article needed to substantially mention suicide. This limitation could result in more positive articles which provide more detail, like information, about suicide. Further research is necessary to examine this issue.

Even though the negative stories were limited, it is important to consider the impact of these stories. Many of the negative stories questioned Meghan's experiences and the truthfulness of her claims. Extant research into disclosures of suicidal ideation found that concerns about being dismissed or not believed are a barrier to disclosure (Frey et al., 2018). Additionally, doubting Meghan's disclosure can lead to increased stigmatization of suicidal ideations. Stigma is one of the most commonly cited barriers to disclosure of suicidal ideations (Frey et al., 2018; Hom et al., 2017).

Sensationalized Reporting

Despite relatively few overtly negative articles, there were significant amounts of sensationalizing content within the sample. A variety of sensationalizing content emerged from the data including linguistic cues, pseudo-experts, and royal family drama claims. One of the most frequently linguistic cues was prominent placement of Meghan's disclosure, within the first sentence of the article or first paragraph. Indeed, even when articles continued to discuss other topics, Markle's disclosure of suicidal ideation was one of the leading topics. This suggests some element of attention-grabbing functionality. Sensationalizing language around suicide news reporting is discouraged (Reporting on Suicide, 2020). Currently no guidelines exist for

discussing suicidal ideation. Therefore, more research is needed to investigate how sensationalizing language functions in the context of suicidal ideation.

Additionally, given that the context of this disclosure occurred in conjunction with other disclosures, isolating sensational language solely around suicidal ideation was difficult. Since there were a multitude of disclosures reported in the same interview, some of this language could be attributed to other topics. However, it is likely that the same type of language would be used in the case of a singular disclosure of suicidal ideation. The language did not vary based upon reference to the interview vs. Meghan's suicidal ideation. In addition, the use of Meghan's disclosure of suicidal ideation as a headline or first line of news articles suggests this language would occur even in the absence of other topics. More research into other cases of suicidal ideation will help to clarify this issue.

Although articles about Meghan's disclosure were not overtly negative, many of the stories situated Meghan as a victim of the Royal family, media, and other circumstances. Importantly, stories tended to emphasize a denial of help from the Royal Family. Indeed, almost all stories reported Markle's request for help dealing with her suicidal crisis, and the resulting denial from the Royal family. This focus could have detrimental effects. As stated, hope is an essential element in navigating suicidal ideation and the Papageno effect. Although Meghan did negotiate her suicidal crisis and reported feeling better, this was not reflected in some stories. Additionally, there were far more stories reporting Meghan's denial of support than stories including elements of hope. Research is needed to investigate the different effects of these stories.

Reports of denial of support could suppress feelings of hope. In addition, Meghan did not detail the concrete steps she took to get help and recover from the suicidal crisis. This lack of

information could have detrimental effects, leading others to conclude that help will not be offered if asked for. Reports also emphasized a lack of support in general from Meghan's social support system, leading up to the suicidal crisis. Social support is an important protective factor against suicide, and the lack of connection is thought to be a contributor to suicidal ideation (Klonsky & May, 2015). The lack of social support in tandem with reporting of denial of support situate Meghan as a victim, unable to control her circumstances. This could suggest that suicide is the only course of action available to her. Future research is necessary to uncover how reports of a denial of support could affect those at risk for suicide or experiencing suicidal ideations.

Finally, results from this study suggest mixed positive and negative reporting elements. For example, there were anti-stigma elements in some of the stories which can be easily categorized as positive elements. However, sensationalized language was commonplace throughout the stories. Additionally, the theme of situating Meghan as a victim could potentially be received negatively, prompting negative responses. In all, this suggests that media reports of a suicidal crisis are not clear cut as positive or negative. Instead, stories contain both positive and negative features.

News Frames

In addition to the themes uncovered, three frames were found in this study (*Meghan as a victim*, *Suicide as a public health concern*, and *Suicide as gossip*). Different frames highlight different aspects of the suicidal ideation disclosure, which, theoretically should lead to different interpretation, evaluations, and understanding of the situation. For instance, each of the identified frames all emphasize different elements of suicidal ideation, from the development of suicidal thoughts (*Meghan as a victim*), to education (*suicide as a public health concern*), to a dismissal of suicidal thoughts (*suicide as gossip*). Ekstein et al (2023) conducted the only other study

investigating news coverage of celebrity suicidal ideation and suicide attempt disclosure. They theorize that frames may be more important than other contextual elements. In particular, they argued, “our group has identified some evidence that an overarching story narrative may be potentially more impactful than details included” (Ekstein et al., 2023, p. 8). As such, the potential implications of these frames are discussed below.

The *Meghan as a victim* frame underscores how someone’s life circumstances can lead to the development of suicidal ideation, even if the person is in a privileged position. In this frame, suicide could be seen as an understandable outcome to life and people may expect a denial of support, should they ask for help. Concern about negative reactions to disclosure of suicide is a common barrier to help-seeking (Blanchard & Farber, 2020). Taken a step further, exposure to a public figure disclosing suicide, and reporting they were denied help, may result in the perception that there is no help available for suicidal individuals. This perception will be empirically tested in my dissertation.

Additionally, the *Meghan as a victim* frame may result in more empathy. Empathy refers to an emotional response where one is able to understand other’s emotions (Cuff et al., 2016). In this frame, Meghan’s circumstances were often described in detail, giving the opportunity for viewers to relate with Meghan, like one of the subthemes identified in this study. Research has demonstrated that empathy with a mediated character significantly affects subsequent evaluations of character group, attitudes, and behavioral intentions (Francis et al., 2018; Oliver et al., 2012). For instance, Francis et al. (2018) found that empathy with Charlie Sheen significantly led to behavioral intentions to seek out information about HIV and AIDS. Additionally, Oliver et al. (2012) found that empathy with a mediated character who is a part of a stigmatized group led to a decrease in stigma for that group and increased behavioral intentions to seek information about

the stigmatized group. Taken together, this research suggests that empathy with Meghan may have effects on attitudes, stigma, and behavioral intentions. Empathy, and the following effects, will be experimentally tested in my dissertation.

The *suicide as a public health concern* frame underscored the larger context of suicide, particularly among pregnant and recently post-partum people. The main focus of this frame tended to be educating the public on suicide, with journalists using Meghan's story as a way to increase relevance and underscore the problem of suicide in society. Although much of the information contained within the education materials are likely meant to educate readers on suicide and prevent suicides, the effect of this frame may be more complex than the other frames.

Research has reported mixed findings about the role of education in suicide prevention. Research on suicide messages in the media demonstrate that reporting that emphasizes the epidemiology of suicide and uses expert opinions (like mental health experts) have a negative effect (Neiderkrotenthaler et al., 2010). Additionally, a majority of the awareness campaigns for suicide prevention, which seek to educate the public about suicide, often report negative effects, like an increase in maladaptive coping (Neiderkrotenthaler et al., 2014). However, experimental research on the effects of educative news articles about suicide prevention demonstrated no harm to participants (Till et al., 2021). In an experiment testing educational narratives on suicide prevention, researchers found no effects on suicidality, stigma, and help-seeking behaviors (Till et al., 2024). However, they found significant priming effects; participants in conditions that highlighted the prevalence of suicide showed increased accessibility of suicide and death-related concepts compared to other conditions (Till et al., 2024). These negative effects are thought to occur due to the unintentional normalization of suicide, which is implied by suicide statistics which highlight the prevalence of suicidal ideation and suicide death (Neiderkrotenthaler et al.,

2014). Taken together, it seems that educational materials on suicide may have unwanted unintended effects, primarily stemming from statistics and prevalence data. Some research has found negative effects, like maladaptive coping, and priming effects, whereas others have found no negative effects. My dissertation will help clarify the role of educational news framing with suicide.

Finally, the *suicide as gossip* frame largely dismissed the severity of suicide, instead positioning it as another point of gossip to emerge from the Oprah interview. Indeed, articles using this frame would often list Meghan's disclosure with equal weight as a fight Meghan had with Kate Middleton over flower girl dresses. In framing suicidal ideation in this manner, it may lead to the perception that suicidal ideation is not cause for serious concern and should not be treated as a crisis. This ties in with common stigmatizing beliefs about suicide, namely the stigma that those who think about suicide or die by suicide are attention-seeking, not in serious crisis (Carpiniello & Pinna, 2017). As such, this frame may affect stigma perceptions of suicide, which will be tested in my dissertation. Additionally, this frame may affect severity perceptions of suicidal ideation. By positioning suicidal ideation as the same as other pieces of gossip, this may minimize the seriousness of suicidal ideation. This is also tested in my dissertation.

Testing Coding Schemes

Limited quantitative testing was conducted to verify some of the variables found in the thematic analysis. Due to the nature of this study (pilot study) and time constraints, not all codes were translated into quantitative coding categories. Additionally, these variables were tested for reliability. In other words, the focus of this follow up was to establish reliability as opposed to analyzing the content. To establish intercoder reliability, two coders independently coded test stories procured from Google News, using the same sample from the thematic analysis. Coders

met several times to discuss codes and ensure reliability. Table 3.2 displays intercoder reliability for each variable.

Table 3.2. Reliability for Quantitative Coding

Theme	Variable	Krippendorff's Alpha
Destigmatizing Suicide	Suicide Mention	1.0
	Suicide Stats	1.0
	Expert Commentary	1.0
	Research Mention	0.8081
	National Resources	1.0
	How to Approach Someone	0.7467
	Hope	1.0
	Mental Health Info	1.0
	Suicide Secret	1.0
Pregnancy and Mental Health	Depression Mention	1.0
	Relate to Meghan	0.7467
Reacting Negatively	Piers Morgan Mention	1.0
	Unsupportive Statements	1.0
	Vilify Meghan	0.80
	Questioning Truth	1.0
Centering Meghan as a victim	Ask for Help	1.0
	Denial Help	0.8081
	Shame	0.8081

Results for this preliminary study suggest that the themes which emerged from this study can be translated into a quantitative coding scheme. Additionally, a number of the recommended guidelines for suicide reporting were included in this test. For example, romanticizing suicide, approval of suicide, glorification of suicide, were all tested. However, no examples of these variables could be found in the limited sample. These elements were found in Ekstein et al.'s (2023) content analysis of Jelena Dokic's suicide attempt disclosure, giving support for suicide reporting guidelines in the context of suicide attempt and suicidal ideation. However, this is not the case for this study, although results should be interpreted with caution, due to the limited nature of the testing done.

This tentatively suggests that stories of suicidal ideation may be distinct from stories of suicide attempts. Meghan reported suicidal ideation, not an attempt. Jelena Dokic stated that she made an attempt on her life, and included the methodology that she considered using. Although these two cases both dealt with suicidal ideation, the additional context of the suicide attempt may make a significant difference in how the news is reported, what elements are included (i.e., attempt method, suicide note), and the effect that these stories have.

Conclusion

This study provides a detailed overview of the news response to Meghan Markle's disclosure of suicidal ideation. Three news frames and five themes, with a variety of subthemes, were found. These themes are easily operationalized into a quantitative coding scheme for future research, as demonstrated. This was tested in a limited capacity, showing positive results. Future quantitative content analyses can build off of the research conducted here.

As discussed, stories of hope and surviving suicidal crises can result in a protective effect on viewers (Domaradzki, 2021). However, little is known about what these stories look like and

how news constructs stories of suicidal ideation. Although this study cannot speak to the effects of the stories, it does provide information about different features of news articles about a suicidal crisis. In particular, this study illuminates the major themes and frames utilized by news organizations to talk about celebrity suicidal ideation disclosure.

The findings in this study suggest that the coding scheme, and by extension then, the news coverage, may be unique to Meghan's disclosure. For instance, although anti-stigma elements may be easily translated to other cases, elements like maternal information, and situating Meghan as a victim are idiosyncratic to this case. However, broad categories like stigma, education, and hope are likely to be found in other cases of suicidal ideation stories. Indeed, in the one published content analysis of news reporting of celebrity suicidal ideation, they found elements of stigma, hope, and resources for help (Ekstein et al., 2023).

In all, this study provides valuable insight into how news reported Meghan Markle's suicidal ideation. Based upon the results of this study, my dissertation experimentally tests the effects of exposure to the three identified news frames. In the next chapter, I detail the research questions and hypotheses guiding my dissertation and provide an explanation of the methodology used.

CHAPTER 4: HYPOTHESES, RESEARCH QUESTIONS, AND METHOD

On March 7, 2021, Duchess Meghan Markle and her husband, Prince Harry gave an interview with Oprah, speaking about their time as members of the British Royal Family. During this interview, Meghan disclosed that she experienced suicidal thoughts during the end of their time working as Royals. Meghan spoke at length about this experience, ultimately claiming she was denied help from the Royal Family, resulting in her and Harry's stepping down from Royal duties. When the interview aired an estimated 17 million people watched (Stelter, 2021), with approximately 50 million watching the interview in the following days (Bauder, 2021). As a result of the interview, hundreds of news articles were published about the contents.

As stated in previous chapters, there are two different approaches to studying Meghan's disclosure. One route examines the disclosure itself using narrative transportation, and another looks at the news reception using framing theory and the Papageno effect. I have already begun examining the news reception of Markle's disclosure through a completed thematic analysis, detailed in Chapter 3. Although content analyses provide rich detail regarding the news content, a content analysis cannot speak to any effects of the content. Therefore, this dissertation also experimentally tested and evaluated effects from exposure to three different news frames identified in the study.

In the following pages I briefly begin with background information, hypotheses, and research questions guiding this dissertation. I have divided up the hypotheses and research questions based upon the two different aims of this dissertation. That is, one part reviews the hypotheses and research questions focusing on narrative transportation and the interview exposure, termed study 1. Another set of hypotheses and research questions addresses the

different news frames, called study 2. Following this, I then extensively detail the methodology for this project.

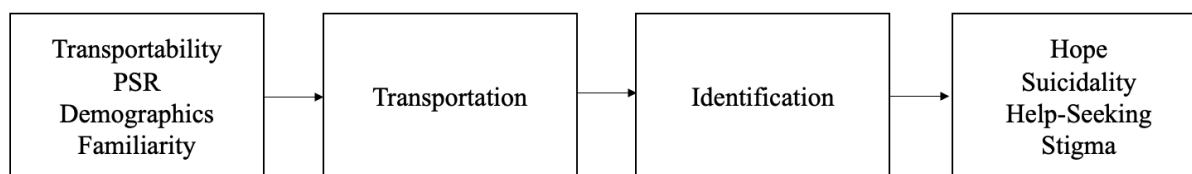
Study 1

Study one investigated how exposure to the initial interview where Meghan disclosed experiencing suicidal ideation affected the audience. The initial interview through which Markle disclosed her experience with suicidal ideation can be conceptualized as a narrative, and thus studied in the context of narrative persuasion. As covered previously, narratives are stories which contain identifiable characters, a recognizable sequence of events, and a resolution to problems posed in the narrative (De Graaf et al (2016). In the interview, the timeline of events is laid out clearly by Markle. She also provides details about a conflict, that being the denial of support for her suicidal ideation. She then provides a resolution to the problems by talking about her current life and the hopes she has.

Figure one represents the model used to investigate Meghan's disclosure. This model is based upon the extended-transportation imagery model (E-TIM) and uses narrative persuasion to explain effects that may come from Markle's suicidal ideation disclosure. In brief, the E-TIM asserts that story-receiver variables influence narrative transportation. Narrative transportation is then thought to lead to a variety of outcomes including emotional, cognitive, affective, and behavioral responses. For more details, see Chapter 2.

Proposed Model: Extended-Transportation Imagery Model

Figure 4.1. Extended-Transportation Imagery Model



In the original E-TIM, parasocial relationships (PSR) with mediated personae are not considered. However, as argued in Chapter 2, I posit that a PSR will serve as a story-receiver variable, impacting narrative transportation. Therefore, the following hypothesis is proposed:

H1: PSR with Meghan Markle will lead to transportation.

Next, following the model, I argue that transportation will lead to identification.

Numerous scholars have found evidence that identification mediates the relationship between transportation and subsequent outcome variables (De Graaf et al., 2012; Ferchaud et al., 2020). This leads to the following hypothesis:

H2: Transportation will lead to identification.

Identification with characters has been found to be a significant variable when studying suicide and suicide narratives (Posselt et al., 2021; Till et al., 2015) and evidence suggests that identification affects transportation (De Graaf et al., 2012). Specifically, researchers have found that identification mediates the relationship between transportation and other outcome variables (De Graaf et al., 2012). Therefore, the following hypothesis is proposed:

H3: Identification with Meghan Markle will mediate the relationship between transportation and outcome variables (i.e., suicidality, help-seeking intentions, suicide stigma, hope).

As stated in Chapter 2, I hypothesize a variety of outcomes as a result of exposure to the interview. Extant research around narratives of recovery from suicidal ideation suggests a protective effect against suicidality, termed the Papageno effect (see Chapter 3 for more details). For instance, in an experiment manipulating stories of suicidal ideation, Till et al. (2018) found that stories showing positive outcomes (i.e., coping with suicidality) resulted in a decrease in reader suicidality.

In addition to suicidality, hope may also be a significant outcome resulting from exposure to the interview condition. Meghan explicitly mentioned hope in her initial interview, saying, “But I’m still standing, and my hope for people in the takeaway from this is to know there’s another side. [...] to know that life is worth living” (Sun, 2021). Hope is theorized to be an important component in suicide research (Davidson et al., 2010; Huen et al., 2015) as well as Papageno stories (Niederkröthenthaler et al., 2022).

Finally, attitudes have been demonstrated to be significantly affected by narrative transportation (De Graaf et al., 2012). Niederkröthenthaler et al. (2014) identified stigma as an integral variable in studying mediated messages of suicide. Research into celebrity disclosures of mental health and mental illness suggest that these disclosures can decrease stigma (Gronholm & Thornicraft, 2022). Research investigating narrative stories about mental illness and stigma have displayed positive, stigma-reducing effects (Medero & Hovick, 2023). Therefore, the following hypothesis is posed:

H4: Participants in the interview condition will report a) lower suicidality, b) higher levels of hope, c) higher levels of empathy with Meghan, and d) lower levels of suicide stigma.

In addition to the previous outcome responses, beliefs may also be affected. Although Meghan reported that she was in a better place mentally and emotionally, she spent a significant amount of time in the interview detailing how she was denied help after asking for it. This could give the impression that help is not readily available, if asked for. This leads to the following research question:

RQ1: Does exposure to the interview condition result in a decrease in help perceptions?

Finally, intentions to seek help in a suicidal crisis may be affected by exposure to the interview. Extant research into narrative persuasion suggests significant effects on health behavioral intentions as a consequence of narrative transportation (De Graaf et al., 2016). However, a meta-analysis conducted on stories of hope and recovery of suicidal crisis were unable to conclude if these specific stories lead to help-seeking intentions (Niederkrontenthaler et al., 2022). As this is both a narrative and a story of hope, the literature provides conflicting evidence in regard to help-seeking intentions. As such, I posit the following research question:

RQ2: Will participants in the interview condition report greater behavioral intentions to seek help?

In addition to help-seeking intentions, I am also interested in intentions to avoid seeking help. Although the research on the Papageno effect is unclear on help-seeking intentions, theoretically it suggests that these stories have the potential to increase help-seeking. This leads to the following research question:

RQ3: Will participants in the control condition report intentions to avoid help-seeking?

Finally, race should be considered. Research on race and identification and PSR is relatively limited. Many studies have examined PSR or identification with a celebrity and considered demographic variables like age and gender, while excluding race and ethnicity (e.g., Drizin et al., 2018; Kresovich & Noar, 2020; Myrick, 2019; Myrick & Willoughby, 2019; Nisbett & Schartel Dunn, 2021; Roberts & Dusetzina, 2017; Vafeiadis et al., 2022). Many times, race is only considered if the celebrity is a racial minority (e.g., Myrick et al., 2022; Naik et al., 2021; Pan & Zeng, 2018). Indeed, multiple scholars have called for increased investigation into racial and ethnic populations. Francis and Zelaya (2021) identified this shortcoming in extant literature, stating that there was a lack of research on racial minorities and celebrity health

announcements. Myrick and Willoughby (2021) echoed this, calling for increased attention to understudied populations and celebrity illness disclosures. This leads to the following research questions:

RQ4: How does participant race interact with a) identification and b) PSR?

Study 2

Study two addressed the effects of exposure to the three different news frames identified in the previous study (see Chapter 3). As discussed, three frames emerged from the thematic analysis. These frames include *Meghan as a victim*, *suicide as a public health concern*, and *suicide as gossip*.

The Werther Effect and the Papageno effect are seemingly driven by (non)adherence to a set of recommendations for suicide reporting (see Chapter 3). However, little is known about these messages beyond these reporting features. As detailed in Chapter 3, limited coding of the recommendations for the news sample revealed a relative lack of negative reporting practices in the news stories about Meghan Markle's disclosure.

In terms of the three frames, each frame may have different effects. The *suicide as a public health concern* frame most closely resembles a PSA about suicide prevention, which would theoretically suggest a protective effect. However, stories using this frame commonly reported statistical information and used expert opinions. These factors have been demonstrated to have a negative effect (Neiderkrotenthaler et al., 2014). The *Meghan as a victim* frame emphasized the injustices done to Meghan, extensively focusing on a denial of support. Although elements of hope appear in this frame, it is unknown if this outweighs the focus on a denial of support. Finally, the *suicide as gossip* frame treats suicide as an element of gossip. This could have a negative effect as it dismisses the severity of suicidal ideation. However, it could also

have a positive effect as it does not focus on the denial of support like the *Meghan as a victim* frame does. Based upon these considerations, a research question was posed.

RQ1: How do the different frames affect suicidality?

Elements of hope were apparent throughout the news stories, and almost every story included help-seeking contact information. However, stories also emphasized a denial of support, which could reduce levels of hope. The *Meghan as a victim* frame heavily underscored how Meghan was isolated and denied any help, which could reduce hope. The *suicide as a public health concern* could inspire hope, however, extant studies focusing on education and suicide reveal positive and negative effects, leaving the direction of hope unclear (see Chapter 3). Therefore, the following research question is posed.

RQ2: Which condition results in the most hope?

In addition to hope, I am interested in perceptions of message hopefulness. This differs from hope in a keyway. Hope is an emotion whereas perceptions of message hopefulness is better constructed as an evaluation of a message. Therefore, the following research question is asked:

RQ3: Which condition is perceived as most hopeful?

Next, I am interested in what variables predict suicidality. Extant literature suggests that hope serves as a protective factor against suicidality (Davidson et al., 2010; Huen et al., 2015). Additionally, other studies investigating hope have found that hope leads to health behavioral intentions (Nabi & Myrick, 2019). Although the role of hope is clear, the role of message hopefulness, that is how hopeful participants perceived a message to be, is unclear. The literature on the Papageno effect is unclear if it is feelings of hope that inspire changes in suicidality, or the perceptions that the message is hopeful.

Additionally, the Papageno effect is thought to work through identification with a mediated figure that recovers from a suicidal crisis (Hawley et al., 2023). Additionally, the celebrity health disclosure literature highlights the importance of identification in assessing message effects (Brown, 2015). Given that Meghan publicly disclosed her experience of a suicidal crisis, and offered a positive resolution to the crisis (e.g. a Papageno type story), identification with Meghan may reduce suicidality.

Finally, I am interested to see if PSR affects suicidality. The current literature on the Papageno effect only considers identification. However, celebrity health disclosure literature emphasizes the role of PSR in message effects. This leads to the following research question:

RQ4: Will hope, perceptions of message helpfulness, identification, and PSR lead to a decrease in suicidality?

As discussed, identification is an important element in celebrity health disclosures (Brown, 2015). Of the three frames, the *Meghan as a victim* frame contains the most personal information about Meghan and highlights her experiences. In comparison, the *suicide as a public health concern* situates Meghan's disclosure as a starting point but goes on to provide more global information about suicide and suicide prevention. The *suicide as gossip* treats Meghan's disclosure as a piece of gossip, and covers other topics brought up in the interview. Given this, the *Meghan as a victim* frame may result in more identification, as this frame covers more personal details about Meghan and her life compared to the other two.

H1: Participants in the *Meghan as victim* frame will report more identification compared to the other groups.

Identification may also affect emotional reactions to mediated messages, like hope. Myrick (2017) found that individuals who identified with a celebrity led to hope, which led to

other health behavioral intentions. Additionally, identification may lead to an increase in help-seeking intentions. Although evidence of help-seeking as a result of exposure to Papageno-type stories is limited (e.g. Neiderkronthaler et al., 2022), other research on mental illness found that identification led to treatment-seeking behaviors (Vafeidas et al., 2022). Therefore, the following research question is posed.

RQ5: Does identification with Meghan result in a) an increase hope and b) increase help-seeking intentions.

Extant research suggests that people will engage in information-seeking behaviors following exposure to celebrity health disclosures (Myrick & Willoughby, 2021). For instance, Francis (2018) found that respondents sought information about depression after exposure to a celebrity depression disclosure. Information-seeking can also be influenced by the presence of a PSR with the celebrity (Myrick, 2019). Additionally, researchers have found that people also seek information about the celebrity (Dillman Carpentier & Parrott, 2016).

Beyond PSR, empathy may also be a significant factor in information-seeking behaviors. For instance, Francis et al. (2019) studied Charlie Sheen's disclosure of HIV and found that empathy played a role in information-seeking behaviors and behavioral intentions to get tested for HIV. This leads to the following hypothesis:

H2: PSR and empathy with Meghan will lead to a) more information-seeking intentions for suicide information and b) information-seeking intentions about Meghan.

Like information-seeking behaviors, risk perceptions can be affected by a PSR with a celebrity. Specifically, susceptibility perceptions may be affected. Walter et al. (2022) studied COVID-19, finding that PSR with a celebrity significantly led to increased perceptions of susceptibility of COVID. Significantly, Walter et al. (2022) found that participants without real-

life experience of COVID were most impacted by celebrity disclosures. This may be particularly important considering the context of suicide. Suicide, and suicidal ideation, although somewhat common, are not often talked about. A celebrity disclosing experiences with suicide and suicidal ideation may serve as a cue that suicide is a pressing concern for many people.

H3: PSR with Meghan Markle will lead to higher susceptibility perceptions.

The frame, *Meghan as a victim*, situates Meghan as a victim of different circumstances, whether it be press coverage, treatment from the Royal family, or mental illness. This framing allows viewers to understand Meghan's circumstances and highlights injustices done to her. As such, it is likely that viewers are able to empathize with Meghan's position. Importantly empathizing with Meghan does not equate to condoning suicide or agreeing with suicide. Instead, empathy refers to an emotional response where one is able to understand other's emotions (Cuff et al., 2016). Therefore, the following hypothesis is proposed:

H4: The *Meghan as a victim* frame will result in higher levels of empathy towards Meghan.

Additionally, other studies have examined the role of empathy with stigmatized groups, finding that empathy results in more positive attitudes towards the group (Batson et al., 1997; Oliver et al., 2012). Furthermore, empathy has been demonstrated to decrease stigma (Batson et al., 1997; Hecht et al., 2022). This leads to the following hypothesis:

H5: Empathy with Meghan will lead to a) more positive attitudes about Meghan and b) lower levels of suicide stigma.

Studies have found that education about a health condition leads to greater help-seeking intentions (Benuto et al., 2020). Given that the *suicide as a public health concern* frame most closely resembles an educational message, this suggests that it may lead to help-seeking

intentions. However, as current literature on the Papageno effect has not demonstrated any effects on help-seeking, it also may not. Therefore, the following research question for this study is proposed:

RQ6: Does the *suicide as a public concern frame* result in higher intentions to seek help?

The *Meghan as a victim* frame may serve to decrease intentions to seek help. Many of the stories utilizing this frame empathize how Meghan was denied help after asking for it. This denial of help may indicate to viewers that they, themselves, will not receive help should they ask for it. The following research question is posed:

RQ7: Does the *Meghan as a victim* frame result in a) increase in intentions to avoid help and b) decrease in help perceptions?

The *suicide as a public health concern* frame situates Meghan's disclosure in the wider context of suicide in society. This frame commonly uses suicide information and research. Corrigan and colleagues (2007) found that educational messages about mental illness result in a decrease in negative attitudes about mental illness. These results were further verified in a meta-analysis conducted focusing on different ways to challenge public mental health stigma (Corrigan et al., 2012). In the meta-analysis, education was found to significantly reduce levels of mental illness stigma. As such, the following hypothesis is proposed:

H6: The *suicide as a public health concern* frame will result in lower levels of suicide stigma.

The *suicide as gossip* frame situates Meghan's disclosure as just another piece of gossip from the Oprah interview. By downplaying the seriousness of this disclosure, this could affect perceptions of suicide severity. Celebrity health disclosures also have been demonstrated to affect perceptions of risk (severity and susceptibility) to illnesses (Myrick & Willoughby, 2021).

Extant research suggests that severity perceptions, that is, perceptions of how severe an illness is, are affected by celebrity disclosures. Perceptions of severity are somewhat complicated when considering suicide and suicidal ideation. On one hand, suicide itself is incredibly serious and someone eminently planning to die by suicide is an emergency. However, perceptions of severity and suicidal ideation are less clear. Disclosures of suicidal ideation may be met with stigmatizing responses, like downplaying the severity of suicidal ideation or disbelieving the person (Frey et al., 2018). As such, people may downplay the severity of Markle's suicidal ideation, especially considering her social status as a celebrity and as a member of the British Royal Family.

Therefore, the following research question is posed:

H7: The *suicide as gossip* frame will result in a) lower suicide severity ratings and b) more negative attitudes about Meghan.

As stated previously, race is an important consideration in celebrity health disclosures (Calhoun & Gold, 2020). Given that Meghan is biracial, and that she disclosed experiencing racism at the hands of the media and the British Royal Family, racism is an important aspect to consider. Extant literature on racism has found that endorsement of racist beliefs leads to negative evaluations of the individual (Dixon & Azocar, 2007; Wise, 2010). Similarly, Jackson et al. (1993) found that racism led to more negative evaluations of minority individuals. This leads to the final hypothesis for this study:

H8: Racism will lead to negative evaluations of Meghan's experience (i.e., beliefs that Meghan was exaggerating or that did she not experience suicidal ideation)

Additionally, I am interested in how participants' race interacts with identification and PSR. Extant literature is unclear about how participant race affects their identification and PSR with celebrities. Some literature has found that participants identify more with the same race as

themselves (Pan & Zeng, 2018), whereas others have found participants identify more with different races (Kosenko et al., 2016). This leads to a similar research question from Study 1.

RQ10: Does participant race interact with a) identification and b) PSR?

Beyond participant race, I am interested in how Meghan's perceived racial identity interacts with identification and PSR. That is, how the participants' perceptions of Meghan's race (as a Black woman, White woman, Biracial woman, or Woman of Color) interact with identification and PSR. As stated previously, Meghan is a biracial woman. Although she has disclosed her racial identity previously, she did not explicitly state her racial identity in the interview, and many of the news articles from the completed thematic analysis in Chapter 3 referred to her as Black or as a Woman of Color. Research indicates that race plays a role with identification (Kosenko et al., 2016) and PSR (Bond, 2022).

RQ11: How does Markle's perceived racial identity interact with a) identification and b) PSR?

Method

Although two studies were proposed, data was collected using one questionnaire covering both studies. The resulting data are divided into two different groups; one group contains the interview condition and the control, and the other contains the three news conditions and the control.

Sample

First, given Meghan's age and the nature of celebrity news, participant age was constrained between 18-50. Second, given the research questions about Meghan's race and the role of race in identification and PSR, the sample was split between Black and White participants to allow for comparison. Research indicates that approximately 100-200 participants are needed

for a structural equation model (Boomsma, 1985). However, this is a two-part study in a singular data collection. The control group needs to be able to serve both the first study, which will model the data, and the second study which will primarily use t-tests, ANOVAs, and hierarchical regressions. A power analysis using G*Power indicated that approximately 688 participants were needed to reach power (Faul et al., 2007). To achieve adequate power, a total of 800 was used for the ideal sample size for these studies. Participants were recruited via a Qualtrics panel. Recruitment began on February 16, 2024 and continued until a full sample was reached on March 3, 2024. A final sample of 824 participants completed the study. Full demographic information is available in table 4.1.

Table 4.1 Demographics of Participants

		Total Sample			Study 1: Interview			Study 2: News		
Variable		M(SD)	N	%	M(SD)	N	%	M(SD)	N	%
Age		33.23(7.74)			33.71(7.78)			33.15(7.80)		
Sex										
	Male		388	47.1		164	49.2		300	45.2
	Female		435	52.8		169	50.8		363	54.7
	Other		1	.1		0	0		1	.2
Race										
	American		20	2.4		7	2.1		16	2.4
	Indian/Alaska									
	Asian		30	3.6		16	4.8		24	3.6
	Black		452	55		182	54.7		372	56
	Multi-Racial		42	5.1		17	5.1		33	5
	Pacific Islander		4	.5		1	.3		3	0.5
	White		330	40		131	39.3		257	38.7
	Other		15	1.8		6	1.8		13	2
	Prefer not to answer		2	.2		1	.3		0	0
Ethnicity										
	Hispanic/Latino		66	8		28	8.4		52	7.8
	Non-Hispanic/Latino		753	91.4		302	90.7		608	92.1
	Prefer not to answer		5	.6		3	.9		4	.6
Household Income										
	Less than 30,000		286	34.7		125	37.5		225	33.9
	30,000-40,000		120	14.6		38	11.4		103	15.5
	40,000-60,000		135	16.4		61	18.3		105	15.8
	60,000-80,000		108	13.1		45	13.5		85	12.8
	80,000-100,000		66	8		17	5.1		61	9.2
	More than 100,000		97	11.8		40	12		75	11.3
	Don't Know		4	.5		3	.9		4	.6
	Prefer not to answer		7	.8		3	.9		5	.8
	Missing		1	.1		1	.3		1	.2
Education										
	Never Attended		4	.5		2	.6		4	.6

Table 4.1 cont.

		Total Sample	Study 1		Study 2			
Political Party	1-8	9	1.1		4	1.2	6	.9
	9-11 (some HS)	39	4.7		12	3.6	29	4.4
	HS Graduate or GED	264	32		103	30.9	221	33.3
	College 1-3	230	27.9		96	28.8	181	27.3
	College graduate	183	22.2		83	24.9	146	22
	Advanced Degree	92	11.2		32	9.6	74	11.1
	Prefer not to answer	2	.2		0	0	2	.3
	Missing	1	.1		1	.3	1	.2
	Democrat	382	46.4		153	45.9	317	47.7
	Republican	167	20.3		65	19.5	130	19.6
	Independent	237	28.8		102	30.6	186	28
	Other	21	2.5		7	2.1	17	2.6
	Prefer not answer	16	1.9		5	1.5	13	2
	Missing	1	.1		1	.3	1	.2
Conservatism	3.77(1.72)		3.86(1.67)		3.74(1.73)			
	Extremely Liberal	109	13.2		35	10.5	96	14.5
	Moderately Liberal	99	12		46	13.8	70	10.5
	Slightly Liberal	108	13.1		37	11.1	93	14
	Neither	263	31.9		109	32.7	213	32.1
	Slightly Conservative	87	10.6		42	12.6	68	10.2
	Moderately Conservative	95	11.5		44	13.2	71	10.7
	Extremely Conservative	56	6.8		19	5.7	46	6.9
	Prefer not to answer	6	.7		0	0	6	.9
	Missing	1	.1		1	.3	1	.2
	Total N	824			333		664	

Procedure

First, to take part in the study participants read and gave their informed consent to participate. Participants who did not meet study parameters (between the ages of 18-50, and residing in the United States) or declined consent were thanked and dismissed from the study. Following the consent form, participants were then asked a number of items, capturing the different variables of interest, described in more detail below.

A few variables were addressed before the manipulation video to prevent any bias or priming effects. These variables include, transportability, racism, familiarity with suicide, familiarity with Meghan, and PSR with Meghan. Following this, participants all watched a video. Four videos were manipulated, and one was a control video. These are described in more detail below in the stimuli section. Participants were randomly assigned to a condition and saw a video. After watching the video, participants then answered questions assessing transportation, identification, suicidality, attitudes towards Meghan, evaluations of her disclosure, stigma, help-seeking intentions, and hope. Finally, participants answered a series of demographic questions. Participation lasted approximately 25 minutes.

As this study measures suicidality, a number of safety precautions were included. Before any questions about suicide or suicidal ideation, participants were informed about the questions, given help information and given the option to leave the study. Following these questions, participants were again provided with help-information and the option to leave the study. At the end of the study, a variety of help information was again available to participants, as well as contact information.

Stimuli

The stimuli for this study came from five videos, four (manipulated conditions) were created for this dissertation, and one (control condition) was a publicly available news clip. Of the manipulated conditions, three reflected videos focusing on news frames (from the previous study in Chapter 3) and one was a shortened, condensed version of Meghan's original interview with Oprah Winfrey. To help with clarity, the conditions are numbered 1 through 5. Conditions 1 through 3 refer to the different framing manipulations (1 = *Suicide as gossip*, 2 = *Suicide as a public health concern*, 3 = *Meghan as a victim*). Condition 4 is the shortened version of the original interview, and condition 5 is the control. All videos ranged from 5 to 6 minutes.

To create conditions 1 through 3, the new articles from the previous study detailed in Chapter 3 were used. Images from news articles and direct quotes were pulled to create each video manipulation.

For condition 1, the video gave an overview of the 'most shocking' disclosures that came from the interview, as found in the thematic analysis. This included details like, Meghan and Kate's argument over flower girl dresses, accusations of racism in the Royal family, Meghan's suicidal ideation, and Harry's relationship with his brother and father.

For condition 2, the video highlighted Meghan's experience with suicidal ideation, and then connected that experience to the larger issue of suicidal ideation and suicide in general. This included quotes (pulled from the thematic analysis) from mental health experts. For example, the following statement was used in the video, "Doreen Marshall, a psychologist, said, "We talk much more freely about our physical health than our mental health and our struggles, so seeing someone like Meghan speak out about it really sends a message that it's OK to talk about it and that when we do talk about it, we can be met with support." Along with quotes from experts,

basic facts about suicide and suicidal ideation were included, and various myths were corrected. For example, warning signs for suicide were covered with the statement, “These signs include talking about suicide, giving away possessions, increase substance use, extreme changes in mood, withdrawing socially, and self-destructive behavior.”

For condition 3, the video included direct quotes from the interview with Oprah Winfrey that highlighted injustices done to Meghan and her difficulties finding help. To begin, the video started with an overview of the situation leading Meghan to develop suicidal thoughts, as described in the Oprah interview. This included quotes from Meghan stating things like, “it was only once we were married and everything started to really worsen that I came to understand that not only was I not being protected, but they were willing to lie to protect other members of the family but they weren’t willing to tell the truth to protect me and my husband.” Along with this quote from Meghan, when talking about her experiences with the Royal family was used, “What was hard to get over was being blamed for something that not only I didn’t do but that happened to me.” The video then turned to Meghan’s experience with suicidal ideation. Finally, the video highlighted Harry’s role in helping Meghan (“I think he saved all of us, right? He ultimately called it and was like, ‘We’ve got to find a way for us, for Archie’. And you made a decision that saved . . . certainly saved my life and saved all of us.”).

All videos included text with music overlay. Each video manipulation included a brief clip from the original interview where Meghan disclosed suicidal ideation. Finally, each video ended with a reminder to seek help using the National Suicide Prevention Lifeline, if needed. To test manipulations, two research assistants independently viewed and coded each video. Videos were pilot tested and open-ended feedback confirmed the differences.

For condition 4, the interview was cut down from the original timing to portions where Meghan disclosed suicidal ideation. Given that the focus of this study is on Meghan, and not Oprah Winfrey, the interview was cut so that Meghan was highlighted, and Oprah Winfrey was not included. Finally, the control condition was a news clip featuring Neil DeGrasse Tyson speaking with a reporter about the existence of extraterrestrial life.

Measures

Unless otherwise noted all variables were measured on a 5-point Likert scale. Additionally, unless specified all results from scales were summed and divided to create mean scales to ease with interpretability. Table 4.2 displays all means, standard deviations, and alphas, divided by different study aim. Finally, a list of all items and questions can be found in Appendix A.

Table 4.2. Scale means, standard deviations, alphas, and range

Variable	Range	Mean(SD)	Alpha	Mean(SD)	Alpha	Mean(SD)	Alpha
		Total		Study 1		Study 2	
Previous suicide experiences	0-8	3.23(2.33)		3.16(2.30)		3.20(2.35)	
Familiarity with Meghan	0-21	7.16(5.35)		6.84(4.97)		7.19(5.44)	
Conservatism ^a	1-7	3.77(1.72)		3.86(1.66)		3.74(1.73)	
Racism	1-5	2.37(1.12)	0.88	2.41(1.14)	0.86	2.31(1.11)	0.89
Transportability	1-5	3.96(.63)	0.89	3.98(.64)	0.86	3.95(.62)	0.89
PSR	1-5	2.71(1)	0.97	2.69(1.01)	0.97	2.73(1.01)	0.97
Transportation	1-5	3.95(.63)	0.87	3.38(.93)	0.89	3.43(.97)	0.86
Identification	1-5	3.46(1)	0.93	3.31(1.08)	0.94	3.44(1.01)	0.93
Perceptions of Message Hopefulness ^a	1-3	2.25(.74)		2.12(.76)		2.29(.73)	
Hope	1-5	3.85(.87)	0.86	3.85(.86)	0.86	3.84(.88)	0.86
Suicidality	1-5	1.68(.72)	0.96	1.64(.71)	0.96	1.68(.73)	0.96
Suicide Stigma	1-5	2.73(.85)	0.88	2.75(.86)	0.88	2.72(.84)	0.87
Help-seeking intentions ^a	1-5	3.90(1.118)		4.01(1.16)		3.83(1.20)	
Help-avoidance intentions ^a	1-5	2.51(1.46)		2.33(1.40)		2.54(1.47)	
Perceptions of help denial ^a	1-5	4.26(1.04)		4.34(.99)		4.23(1.06)	
Information-seeking: suicide/suicidal ideation ^a	1-5	3.41(1.33)		3.40(1.32)		3.39(1.35)	
Information-seeking: Meghan ^a	1-5	3.04(1.46)		2.87(1.48)		3.00(1.48)	
Severity perceptions	1-5	4.29(.83)	0.75	4.32(.80)	0.74	4.29(.84)	0.75
Susceptibility perceptions	1-5	4.01(.88)	0.82	3.99(.88)	0.82	4.02(.88)	0.82
Meghan's Racial Identity							
Black Woman ^a	1-3	2.19(.79)		2.14(.78)		2.20(.79)	
Woman of Color ^a	1-3	2.31(.75)		2.24(.77)		2.31(.75)	
Biracial Woman ^a	1-3	2.43(.72)		2.40(.72)		2.41(.73)	
White Woman ^a	1-3	2.16(.76)		2.15(.76)		2.17(.76)	
Empathy	1-5	3.66(.93)	0.81	3.55(.98)	0.82	3.65(.92)	0.8
Perceptions that Meghan exaggerated ^a	1-5	2.62(1.39)		2.79(1.33)		2.60(1.38)	

Table 4.2. cont.

Variable	Range	Mean(SD)	Alpha	Mean(SD)	Alpha	Mean(SD)	Alpha
		Total		Study 1		Study 2	
Positive Attitudes toward Meghan	1-5	4.01(.81)	0.89	3.91(.85)	0.9	4.01(.82)	0.89
Negative Attitudes toward Meghan	1-5	2.83(1.05)	0.81	2.95(1.0)	0.79	2.82(1.06)	0.81

Note: ^a refers to singular items.

Previous Suicide and Suicidal Ideation Experiences

Previous experiences with suicide and suicidal ideation were measured using five items created for this study. Items assessed experiences with suicide and suicidal ideation in general awareness, close relationships, and personal experience. Two items assessed suicide experiences (“I know someone who died by suicide” and “Someone close to me has died by suicide”) and one item assessed suicidal ideation (“I know someone who has experienced suicidal ideation”). Finally, one item focused on personal experience with suicidal ideation (“I have experienced suicidal ideation”).

The possible response options for the first four items were *yes, several people, yes, one person, no, don’t know*, and *prefer not to answer*. The response options for the item assessing personal experiences with suicidal ideation were *yes, several times, yes, one time, no, prefer not to answer*. Response options *no, don’t know*, and *prefer not to answer* were collapsed into a singular category reflecting no experience, scored as 0. Then, the response option *yes, one person*, or *yes, one time*, were given the score of 1. The response option *yes, several people* or *yes, several times* were given the score of 2. Items were then summed together to create a composite familiarity score, ranging from 0-8, with a higher score reflecting more suicide and suicidal ideation experiences.

Familiarity with Meghan

Familiarity with Meghan was measured using 11 items, created for this study. One item assessed general familiarity with Meghan (“How familiar are you with Meghan Markle?”). Two items measured exposure to news content about Meghan, “How often do you read news about Meghan Markle?” and “How often do you seek out news about Meghan Markle?” A number of items measured exposure to various media involving Meghan and Prince Harry. For instance,

one item asked about viewing Prince Harry and Meghan's Netflix documentary ("Prince Harry and Meghan Markle released a documentary on Netflix. Have you watched this documentary?"). Others asked if participants had read Prince Harry's book, *Spare*, or listened to Meghan Markle's podcast, *Archetypes*. Finally, two items assessed familiarity with the British Royal Family. Bases for these items all ranged from 0 to 2, with zero reflecting no familiarity and two reflecting high familiarity. Items then were combined to create a composite familiarity score, with higher scores referring to more familiarity.

Conservatism

Conservatism was measured using a single item assessing how liberal or conservative participants' political ideology is. The item read, "We hear a lot of talk these days about liberals and conservatives. Here is a seven-point scale on which the political views that people might hold are arranged from extremely liberal to extremely conservative. Where would you place yourself on this scale?" and was measured on a 7-point Likert-type scale, with bases ranging from extremely liberal to extremely conservative. Higher scores reflect higher levels of conservatism.

Racism

Racism was measured using the Modern Racism Scale (McConahay, 1986). The original scale contains 7 items asking things like "Discrimination against Blacks is no longer a problem in the United States" and "Over the past few years, Blacks have gotten more economically than they deserve." Of the 7 items, 6 were used in this study. Items were summed and divided to create a mean scale, with higher scores representing more racist attitudes.

Transportability

Transportability was measured using a version of Dal Cin et al. (2004) scale. This scale comprises of 20 items. The original stem of the scale asks participants to answer thinking about when they read for pleasure. This was updated to ask participants to account for different formats of media exposure. Participants were instructed that “the next few questions will ask you about how you feel when reading, watching, or otherwise interacting with a story?” Items included statements like, “I can easily envision myself in the events of the story,” and “I find I can easily lose myself in the story.” Of the 20 items, 18 were used for this study. Responses were summed, then divided to create a mean score between 1-5 reflecting transportability, which higher scores reflecting higher transportability.

PSR with Meghan

Currently, one of the most commonly cited scales for PSR is the Parasocial Interaction Scale by Rubin et al. (1985). This scale, comprised of 20 items, assesses different elements of parasocial interactions and parasocial relationships. A short form of the scale has also been tested, comprised of 10 of the 20 original items. Extant literature has demonstrated significant issues with this scale; researchers argued the scale fails to adequately capture PSR elements (Dibble et al., 2016; Tukachinsky, 2010). As a result, other scales have been proposed to replace the Parasocial Interaction Scale, although none are as popular. In one analysis of PSR and PSI scales, results indicated that the Parasocial Interaction Scale measured PSR more reliably than parasocial interactions (Dibble et al., 2016).

One newer scale is the Multiple Parasocial Relationships scale developed by Tuckakinsky (2010). Tuckakinsky (2010) proposed two elements of PSRs, that is parasocial love and parasocial friendship. Parasocial friendship encompasses traditionally thought of

relationships with mediated figures whereas parasocial love captures romantic love. This scale has been empirically tested in conjunction with Rubin et al.'s (1985) scale, finding a high correlation between the two (Dibble et al., 2016). Given that Tuckakinsky (2010) scale focuses more specifically on PSR and assesses different constructs within PSR, this scale was selected and used for this study.

The full scale (24 items) was used. The items reflect four different factors, friendship communication ("Sometimes, I wish I could ask Meghan Markle for advice"), Friendship support (I would give Meghan Markle emotional support"), physical love (I think that Meghan Markle is quite pretty"), and emotional love ("I want Meghan Markle physically, emotionally, and mentally"). Responses were summed and divided to create a mean score from 1-5, with high score reflecting a stronger PSR with Meghan.

Transportation

To measure transportation, the transportation scale, developed by Green and Brock (2000) was used. This scale has been widely used to measure transportation (Tal-Or & Cohen, 2010) making it a reliable measure for this study. This scale has 11 items, with statements like, "While I was watching the video, I could easily picture the events taking place" and "I was mentally involved in the video while watching it." Of the original 11 items, 8 were used in this study. Items were summed and divided to create a mean scale, with higher scores reflecting more transportation.

Identification with Meghan

Cohen (2001) developed a 10-item scale measuring identification with media characters. A variation of this scale was used for this project. The scale was altered to reflect identification with Meghan. For instance, items stated, "At key moments in the video, I felt I knew exactly

what Meghan was going through.” This scale has been used to investigate celebrity narratives (e.g., Vafeiadis et al., 2022), therefore it is well-suited for this study. Items were summed and divided to create a mean score, with higher scores reflecting more identification with Meghan.

Perceptions of Hope

Perceptions of message hopefulness was measured using one item. This item asked, “Thinking about the video that you just watched, how hopeful would you rate it?” Response options ranged from 1 = *not at all hopeful* to 3 = *very hopeful*.

Hope

Snyder et al. (1996) developed the state hope scale, measuring current levels of hope. This scale has been widely used to measure hope, with over 3000 citations per Google Scholar, and as such is ideal for this study. This scale contains 6 items, with statements like “If I should find myself in a jam, I could think of many ways to get out of it,” and “I can think of many ways to reach my current goals.” Participants were asked to “Please take a few moments to focus on yourself and what is going on in your life at this moment. Once you have this ‘here and now’ set, go ahead and answer each item according to the following scale.” Responses were summed and divides to create a mean score with higher scores reflecting more hope.

Suicidality

Suicidality was assessed using the Survival and Coping subsection of the Reasons for Living inventory created by Linehan et al., (1983). This subsection has been used to measure suicidality in existing research (e.g. Niederkrotenthaler et al., 2022). This subsection contains 23 items with statements like “I care enough about myself to live” and “No matter how badly I feel, I know that it will not last.” This scale is particularly ideal given that it is able to assess reasons for living without the possibility of unintentionally inducing a depressive mood (Till et al.,

2015). To reflect suicidality, all items were reverse coded, summed, and divided to create a mean score, with higher scores reflecting a higher level of suicidality.

Suicide Stigma

Suicide stigma was measured using Batterham et al., (2013) shortform version of the Stigma of Suicide Scale (SOSS). In a scoping review of suicide stigma measures, Nicholas et al., (2022) found the SOSS to be both popular and reliable and valid way to measure suicide stigma. The shortform version contains 16 items. Participants were asked, “Using the scale below, please rate how much you agree or disagree with the descriptions of people who take their own lives (suicide). In general, people who died by suicide are...” Items included “pathetic, shallow, irresponsible, and cowardly.” Items were summed and divided to create a mean scale, with higher scores reflecting more stigma.

Help-Seeking and Help-Avoidance Intentions

The most commonly used measure of help-seeking intentions for suicide is Wilson et al.’s (2005) general help seeking scale (Han et al., 2017). This scale was developed, in part, to measure suicide help-seeking, making it a suitable choice for this study. Participants were asked two questions, one assessing the likelihood for reaching out for help (“If you were having suicidal ideations, how likely is it that you would reach out to anyone,” one assessing the likelihood that participants would not seek help (“I would not seek help”). Items were measured on a scale from 1 (*not at all likely*) to 5 (*extremely likely*).

Perception of Help Denial

Perceptions of help denial were measured using a single, self-created item. This item read, “If I asked for help with suicidal thoughts, I would receive help.”

Suicide Information-Seeking Intentions

Suicide information-seeking intentions were measured using one item from Anker et al. (2011)'s health information seeking measures. This item asked participants, "How likely is it that you will search for information about suicide or suicidal ideation in the future?" Responses were measured on a scale from 1 (*extremely unlikely*) to 5 (*extremely likely*).

Meghan Information-Seeking Intentions

Information-seeking about Meghan was measured using a single item, adapted from Anker et al. (2011), that asked, "How likely is it that you will search for information about Meghan Markle in the future?" Responses were measured on a scale from 1 (*extremely unlikely*) to 5 (*extremely likely*).

Severity Perceptions

Severity perceptions were measured using an adaptation of Witte (1996) severity perceptions scale. This scale contains three items and was updated to focus on suicidal ideation. This scale has been used across different health contexts (e.g., Myrick & Willoughby, 2021) making it suitable for this study. Items included statements like, "I believe that suicidal ideation is severe."

Susceptibility Perceptions

Susceptibility perceptions were also measured using an adaptation of Witte's (1996) susceptibility perceptions scale. This scale is composed of three items and was modified to focus on suicidal ideation. The original version using first-person language (e.g., "I am at risk for experiencing suicidal ideation." This was updated to third-person language (e.g., "People are at risk of experiencing suicidal ideation."

Meghan's Racial Identity

Perceptions of Meghan's racial identity were measured using four items asking about various aspects of her identity. Participants were asked, "People identify themselves in many different ways. Some aspects of our identities are more salient than others. Thinking about Meghan Markle, how applicable is the identity of..." with the following options Woman of Color, Black woman, Biracial woman, and White woman. Response options ranged from 1 = *not at all applicable* to 3 = *very applicable*.

Empathy

Empathy was measured using four items from Busselle and Bilandzic (2009). This scale has been used in other research involving celebrities and mental health disclosures (Francis, 2018). Items included statements like, "At key moments in the clip, I felt exactly what the characters were going through emotionally."

Perceptions of Meghan's Disclosure

Perceptions of Meghan's disclosure were measured using 2 items. Participants were asked how strongly they agreed or disagreed with the following statements, "Meghan Markle was exaggerating about her experience with suicidal ideation," and, "Meghan Markle did not experience suicidal ideations."

Attitudes towards Meghan

Attitudes towards Meghan were measured using 9 items: 5 positive and 4 negative. Participants read the following instructions, "The next set of questions ask you about your opinion of Meghan Markle. Thinking about Meghan Markle, do you think she is..." Positive items included honest, trustworthy, loyal, nice, and influential. Negative items included, weak, attention-seeking, dramatic, and high maintenance. The five positive items were combined to

create a positive attitude measure, and the four negative items were combined to create a negative attitude measure.

CHAPTER 5: STUDY 1 RESULTS

Study 1 experimentally manipulated exposure to the original interview with Oprah Winfrey where Meghan Markle disclosed experiencing suicidal ideation. To test this, participants either watched a clip of the Oprah interview with Meghan, or watched a control video.

Preliminary Analyses

Before the main analyses, a number of preliminary analyses were conducted. First, data was assessed for normality. Next, zero-order correlations were conducted to investigate relationships between variables (see tables 5.1 and 5.2).

Table 5.1. Zero-Order Correlations among Independent Variables, Dependent Variables, and Controls

Variable	1	2	3	4	5	6	7	8	9	10	11	12
1. PSR	---											
2. Transportation	.59***	---										
3. Identification	.63***	.76***	---									
4. Hope	.31***	.37***	.38***	---								
5. Suicidality	-.18**	-.29***	-	-.53***	---							
			.28***									
6. Help-Seeking Intentions	.27***	.29***	.27***	.45***	-.50***	---						
7. Help-Avoiding Intentions	.05	.05	-.03	-.18***	.30***	-.47***	---					
8. Help Perceptions	.14*	.23***	.22***	.44***	-.55***	.62***	-.42***	---				
9. Empathy	.41***	.76***	.69***	.33***	-.25***	.29***	-.09	.23***	---			
10. Stigma	.22***	.16***	.15**	-.06	.15**	-.04	.33***	-.12*	.09	---		
11. Transportability	.30***	.47***	.41***	.33***	-.23***	.26***	-.02	.18**	.43***	-.01	---	
12. Familiarity	.50***	.35***	.38***	.27***	-.12*	.24***	.09	.15**	.30***	.14*	.23***	---

* $p < .05$, ** $p < .01$, *** $p < .001$.

Table 5.2 Zero-Order Correlations between independent variable, dependent variables, and demographics

Variable	1	2
1. Sex	---	
2. Race	.30***	---
3. PSR	.21***	.01
4. Transportation	.09	.00
5. Identification	.04	-.03
6. Hope	.06	-.16**
7. Suicidality	.09	.14*
8. Help-Seeking Intentions	.02	-.09
9. Help-Avoiding Intentions	.03	.06
10. Help Perceptions	-.02	-.03
11. Empathy	.06	-.03
12. Stigma	.08	.08
13. Transportability	-.03	.03
14. Familiarity	.03	-.08

* $p < .05$, ** $p < .01$, *** $p < .001$.

Note: Race dummy coded with 1 = White, 0 = Black, Sex dummy coded with 1 = Male, 0 = Female. * $p < .05$, ** $p < .01$, *** $p < .001$.

Data Normality

Kurtosis and skewness indices of all variables were conducted to check for the assumption of univariate normality. Kline (2016) asserted that skewness over 3 and kurtosis over 10 indicate problems with data normality. All kurtosis and skew statistics were under 10 and 3 respectively, which indicates no issues in the data with normality.

Zero-Order Correlations

Bivariate correlations were used to examine zero-order associations between variables in the study. First, correlations were conducted between independent variables and dependent variables using Pearson's r (see table 5.1). Next, correlations were conducted between independent variables, dependent variables, and demographic variables using Spearman's ρ (see table 5.2).

PSR, identification, and transportation all positively correlated with each other. All three involvement processes negatively correlated with suicidality and positively correlated with hope. Interestingly, all three also positively correlated with stigma. Finally, all three positively correlated with intentions to seek help and did not correlate with intentions to avoid help-seeking. Empathy correlated with transportation, identification, and PSR. The correlation coefficients for both transportation and PSR were strong, whereas PSR was moderate. Empathy also positively correlated with hope, negatively correlated with suicidality, and positively associated with intentions to seek help. Transportability also positively correlated with identification, transportation, PSR, hope, and help-seeking and negatively correlated with suicidality. Suicidality negatively correlated with hope, intentions to seek-help, empathy, and transportability. Finally, stigma positively correlated with PSR, identification, transportation, suicidality, intentions to avoid help-seeking, and negatively correlated with help perceptions.

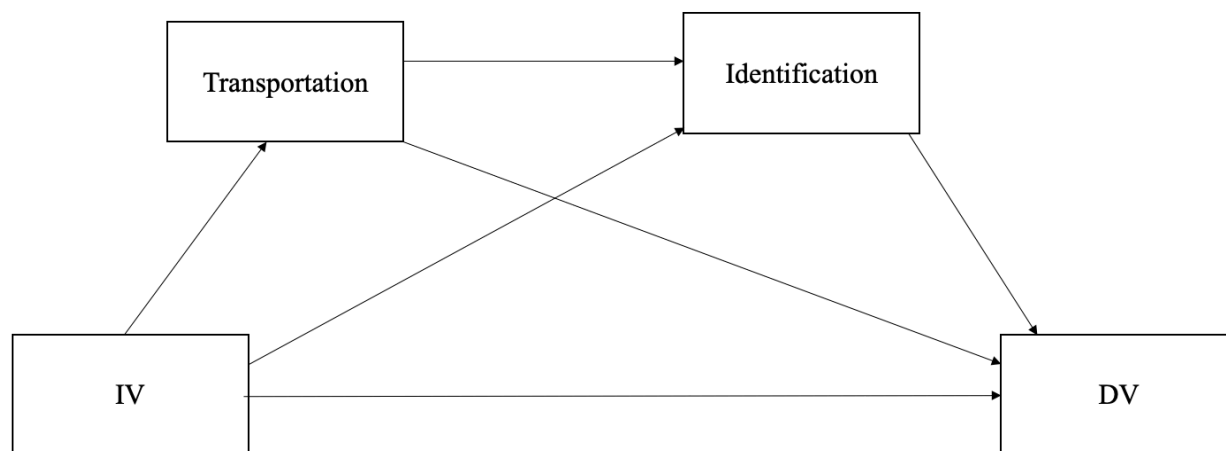
Among the demographic variables, sex positively correlated with PSR, indicating that men had higher levels of PSR with Meghan. Race was negatively correlated with hope and positively correlated with suicidality. Race was dummy coded where 0 = Black and 1 = White, meaning that Black participants were more likely to feel hope and White participants were more likely to endorse suicidality.

Main Analysis Results

To analyze the data, a few different methods were used. First, to address H1-H3, Hayes PROCESS macro for SPSS version 4.2 (Hayes, 2017) was used to model the data. Specifically models 4 and 6 were used. Model 4 has one independent variable, one mediator, and one outcome variable. Model 6 is the same singular IV and DV, with two mediators (see Figure 5.1). The mediators used were transportation and identification, in that order for model 6, and

singularly for model 4 (i.e., transportation or identification as a single mediator). Five predictor variables were included: familiarity with Meghan, PSR, race (dummy coded where 0 = Black and 1 = White), transportability, and the interview condition (dummy coded where 0 = control and 1 = interview). Four outcome variables were tested: suicidality, hope, help-seeking, and stigma. As only one predictor and one outcome variable can be tested at a time, 20 initial models were run with each predictor and outcome variable. All analyses were tested with 5000 bootstrapped samples using 95% confidence intervals. Significant models are reported below. Second, to address the next set of research questions and hypotheses, independent samples t-tests were conducted. T-tests were conducted between the interview group and control (Interview coded = 1, Control = 0) and Black and White participants (0 = Black, 1 = White).

Figure 5.1. Proposed Hayes PROCESS Model #6



First, 20 models were originally run, using Process Model 6 with transportation and identification as mediators, in that order as predicted based on the E-TIM, to investigate each predictor by each outcome variable (suicidality, hope, help-seeking intentions, and stigma). Of those models, race was not a significant predictor in any model, which is expected as race was not correlated with the variables. Second, all models investigating stigma were non-significant.

For help-seeking and suicidality, only singular mediation occurred, not serial mediation. Finally, hope ran through the full proposed model with familiarity and transportability as predictors. To ensure that mediators were in the correct order (transportation first, identification second), two models were run on the significant hope models, with the mediators switched (identification first, transportation second). These models failed to run through both mediators, suggesting that proposed order of transportation first and identification second is correct.

Since almost all models, with the exclusion of hope, ran through one mediator, select models were rerun using model 4, with one mediator to investigate effects. Race as a predictor was not rerun nor was stigma as an outcome, given the lack of significant results from the initial models. Below the most significant models are reported. Given that there are so many models, results are sorted by outcome variable (suicidality, hope, and help-seeking). For clarity, models will be lettered. Table 5.4 presents a list of each model with their predictors, outcome variables, and mediator(s).

Table 5.3. Model Numbers and Details

Model #	Model Details
Model A	PSR -> Transportation -> Identification -> Suicidality
Model B	PSR -> Transportation -> Suicidality
Model C	PSR -> Identification -> Suicidality
Model D	Interview -> Identification -> Suicidality
Model E	Familiarity -> Transportation -> Identification -> Hope
Model F	Transportability -> Transportation -> Identification-> Hope
Model G	PSR -> Transportation -> Identification -> Help-Seeking Intentions

Suicidality

First, with suicidality as an outcome variable the only significant model based upon the original proposed model (model 6, two mediators- transportation then identification) was one which had PSR as a predictor (Model A).

Model A: PSR -> Transportation -> Identification -> Suicidality

Model A contained PSR as a predictor, transportation then identification as mediators and suicidality as an outcome variable. PSR ($\beta = .57, p < .001$), significantly predicted transportation, meaning that higher PSR with Meghan significantly correlated with transportation.

Transportation ($\beta = -.28, p < .001$) and PSR ($\beta = .29, p < .001$) predicted to identification, but identification ($\beta = -.10, p = .29$) failed to predict to suicidality. In other words, participants with higher PSR had higher levels of transportation and more identification with Meghan, but identification did not predict suicidality. Transportation ($\beta = -.27, p = .003$) negatively predicted suicidality, accounting for 11% of the variance in suicidality. There was no direct relationship between PSR ($\beta = .03, p = .73$) and suicidality.

Effects impacting suicidality were only significant when PSR was mediated solely through transportation (Effect = $-.15, SE = .06, 95\% CI [-.26, -.04]$). In other words, Higher levels of PSR significantly predicted higher levels of transportation, which resulted in a decrease in suicidality. There was no direct relationship between PSR and suicidality, (Effect = $.02, SE = .05, 95\% CI [-.08, .12]$). The indirect relationship from PSR to identification to suicidality was non-significant (Effect = $-.03, SE = .03, 95\% CI [-.08, .02]$). Finally, the indirect relationship from PSR to transportation to identification to suicidality was non-significant (Effect = $-.03, SE = .04, 95\% CI [-.11, .03]$). This supports H1, which hypothesized that PSR leads to transportation.

This also supports H2, that transportation predicts identification, but fails to support H3, that identification will mediate the relationship between transportation and outcome effects.

Model B: PSR -> Transportation -> Suicidality

As model A only ran through transportation, new models were run with identification as mediator singularly and transportation as a mediator singularly using Hayes PROCESS Model 4. First, models were run with PSR as a predictor, as that was the original significant model. Model B was PSR predicating suicidality with transportation as a mediator. PSR ($\beta = .57, p < .001$), predicted transportation, with transportation ($\beta = -.32, p < .001$), in turn negatively predicting suicidality. Like model A, this means that higher levels of PSR predicted higher levels of transportation and subsequently lower levels of suicidality. There was no direct relationship between PSR and suicidality (Effect = .00, $SE = .05$, 95% CI [-.09, .10]). However, the indirect relationship from PSR to transportation to suicidality was significant (Effect = -.19, $SE = .04$, CI [-.27, -.10]), indicating full mediation.

Model C: PSR -> Identification -> Suicidality

Comparatively, model C, with PSR predicting suicidality mediated by identification accounted for 8% of the variance in suicidality. PSR ($\beta = .61, p < .001$) significantly predicted identification. Identification ($\beta = -.18, p < .001$) significantly negatively predicted suicidality, meaning that higher levels of identification with Meghan correlated with lower levels of suicidality. However, PSR ($\beta = -.02, p = .80$) did not predict suicidality. The indirect effect of PSR to identification to suicidality was significant (Effect = -.17, $SE = .05$, 95% CI [-.26, -.08]). There was no direct relationship between PSR and suicidality (Effect = -.01, $SE = .05$, 95%, CI [-.11, .09]), indicating full mediation.

Model D: Interview -> Identification -> Suicidality

Finally, I tested other predictors of suicidality with identification and transportation separately. When run with a single mediator, the interview condition predicting suicidality, with identification as a mediator, was significant. Specifically, the interview condition ($\beta = .52, p < .001$) positively predicted identification. Given that the interview was dummy coded, this indicates that participants in the interview condition were more likely to endorse identification with Meghan. Next, identification significantly negatively predicted suicidality, ($\beta = -.30, p = < .001$), however, the interview condition, although close to significance, did not ($\beta = .14, p = .09$). There was no direct effect between the interview condition and suicidality (Effect = .14, $SE = .08$, 95% CI [-.02, .30]). However, the indirect effect from interview to identification to suicidality was significant (Effect = -.16, $SE = .04$, 95% CI [-.25, -.08]), again indicating full mediation.

Hope

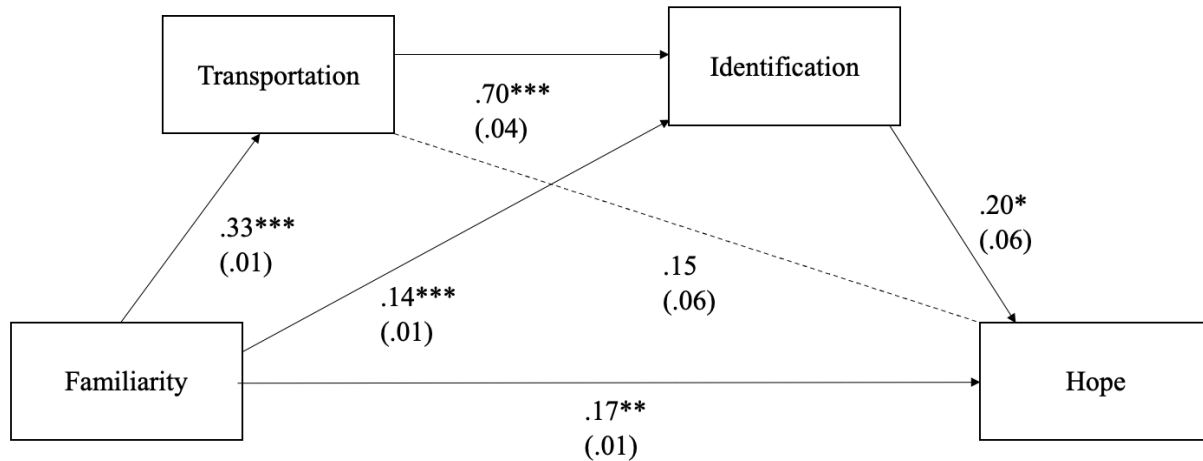
Of the models predicting hope, familiarity with Meghan (Model E) and transportability (Model F) were significant models.

Model E: Familiarity -> Transportation -> Identification -> Hope

First, model E, which contained familiarity predicting hope, with transportation and identification as mediators, was significant (see Figure 5.2). There was a direct effect between familiarity and hope, such that higher levels of familiarity were associated with higher levels of hope (Effect = .03, $SE = .01$, 95% CI [.01, .05]). Next, there was a significant indirect effect between familiarity, identification, and hope (Effect = .03, $SE = .02$, 95% CI [.00, .07]), such that higher levels of familiarity predicted higher levels of identification which resulted in higher levels of hope. Finally, there was a significant indirect effect between familiarity, transportation, identification, and hope, such that higher levels of familiarity predicted higher levels of transportation, which predicted more identification, which in turn resulted in an increase in hope

(Effect = .08, SE = .03, 95% CI [.02, .14]). The total R^2 was .18. This fails to support H1, that PSR will lead to transportation. It does support H2, that transportation will move with identification, and finally also supports H3 that identification will mediate the relationship between transportation and outcome variables, like hope.

Figure 5.2. PROCESS Model with familiarity predicting hope.

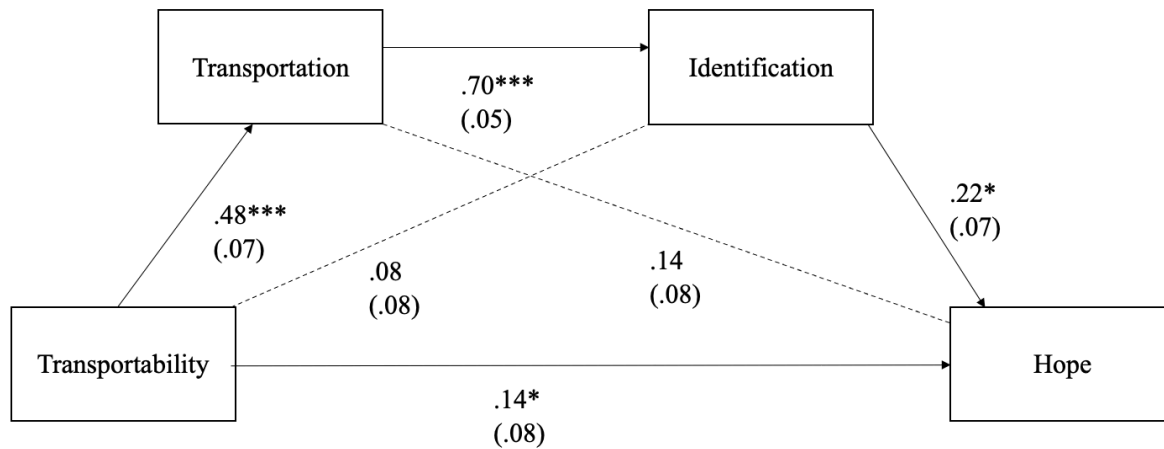


* $p < .05$, ** $p < .01$, *** $p < .001$.

Model F: Transportability -> Transportation -> Identification -> Hope

Model F included transportability as a predictor, transportation and identification as mediators, and hope as an outcome variable (see Figure 5.3). There was a direct relationship between transportability and hope, such that higher levels of transportability predicted an increase in hope (Effect = .19, SE = .08, 95% CI [.03, .35]). There was no significant indirect path between transportability, transportation, and hope (Effect = .07, SE = .04, 95% CI [-.02, .16]) nor between transportability, identification, and hope (Effect = .02, SE = .01, 95% CI [-.00, .05]). Finally, there was a significant indirect path between familiarity, transportation, identification, and hope (Effect = .08, SE = .03, 95% CI [.02, .15]). The total R^2 for the model was .18.

Figure 5.3. PROCESS Model with transportability predicting hope.



* $p < .05$, ** $p < .01$, *** $p < .001$.

Help-seeking Intentions

Finally, with help-seeking intentions one model was significant, with PSR as a predictor (Model G).

Model G: PSR -> Transportation -> Identification -> Help-Seeking Intentions

Model G included PSR as a predictor, with transportation and identification as mediators and help-seeking intentions as an outcome variable. Again, PSR ($\beta = .59, p < .001$) significantly positively predicted transportation. Next, both PSR ($\beta = .27, p < .001$) and transportation ($\beta = .60, p < .001$) predicted identification. Transportation ($\beta = .29, p < .001$) significantly positively predicted help-seeking intentions. However, identification ($\beta = .05, p = .62$) did not predict help-seeking intentions. There was no direct relationship between PSR and help-seeking intentions (Effect = $.12, SE = .08, 95\% \text{ CI} [-.05, .28]$). The indirect path between PSR, transportation, and help was significant (Effect = $.14, SE = .06, 95\% \text{ CI} [.03, .26]$), meaning that higher levels of PSR predicted higher levels of transportation, which in turn resulted in higher levels of help-seeking

intentions. The indirect path between PSR, identification, and help-seeking intentions was non-significant (Effect = .01, SE = .03, 95% CI[-.04, .07]). Finally the indirect path between PSR, transportation, identification and help-seeking intentions was insignificant (Effect = .02, SE = .03, 95% CI[-.05, .09]). The total R^2 accounted for in help-seeking was .12.

Recap of Major Experimental Findings

To briefly recap, a series of models were conducted to examine how different independent variables (familiarity with Meghan, PSR, interview condition, race, and transportability) predicted different outcome variables (suicidality, help-seeking intentions, hope, stigma). Of the models conducted, the only significant outcome variables were suicidality, hope, and help-seeking. Models with stigma as an outcome variable were non-significant. Of the predictors, four of the five original predictors were significant, with race the only non-significant predictor. Most models were not serially mediated through both transportation and identification as predicted. Indeed, most models ran solely through transportation as a mediator, with the exception of the models with hope as an outcome.

Reviewing the hypotheses, H1 predicted that PSR would predict transportation. Although not all models were significant, PSR did associate with transportation in some models, partially supporting H1. Specifically, PSR predicted transportation in the models predicting suicidality and help-seeking intentions. H2 stated that transportation would predict identification. In every model, transportation significantly predicted identification, supporting H2. Finally, H3 stated that identification would mediate the relationship between transportation and subsequent outcome variables. This mediation only occurred in two models, with hope as an outcome. Therefore, H3 was partially supported.

H4 predicted that participants in the interview condition would report a) lower suicidality, b) higher levels of hope, c) higher levels of empathy, and d) lower levels of suicide stigma. To test these hypotheses, 4 independent-samples t-tests were conducted. First, an independent samples t-test between the control and interview condition was conducted on suicidality. Results indicated no significant difference between the groups; $t(304) = -.33, p = .37$. H4a was not supported.

H4b predicted the interview condition would lead to higher levels of hope. Results from an independent-samples t-test indicated no significant difference in hope between the conditions, $t(321) = -.37, p = .36$. H4b was not supported.

H4c hypothesized that the interview condition would have higher empathy scores than the control. An independent-samples t-test was conducted, with results indicating a significant difference between the groups, $t(324) = 2.23, p = .01$. Specifically, participants in the interview condition ($M = 3.68, SD = .99$), reported significantly higher levels of empathy compared to the control ($M = 3.44, SD = .97$). H4c was supported.

Finally, H4d stated that the participants in the interview condition would report lower levels of suicide stigma. Results from an independent-samples t-test indicated a significant difference between the conditions, $t(313) = 1.66, p = .05$, such that participants in the interview condition ($M = 2.83, SD = .89$) reported higher levels of stigma than participants in the control ($M = 2.67, SD = .83$). Therefore, h4d was not supported.

Next, RQ1 asked if the interview condition would result in a decrease in help perceptions. To test this, an independent-samples t-test was performed. Results indicated no significant difference between the conditions, $t(329) = -.65, p = .26$.

RQ2 asked if participants in the interview condition would report greater behavioral intentions to seek help. To test RQ2, an independent-samples t-test was performed. Results indicated a significant difference between the groups, $t(323.63) = 2.61$, $p = .01$, such that participants in the interview condition ($M = 4.18$, $SD = 1.04$) reported greater intentions to seek help compared to participants in the control condition, ($M = 3.85$, $SD = 1.24$).

RQ3 asked if participants in the control conditions would report higher intentions to avoid help-seeking. To test this, an independent t-test was conducted. Results indicated a significant difference between the conditions, $t(326) = 1.80$, $p = .04$, such that the control group ($M = 2.46$, $SD = 1.43$), reported significantly higher intentions to avoid help-seeking compared to the interview group ($M = 2.19$, $SD = 1.35$).

RQ4 asked if participant race interacted with a) identification and b) PSR. To test these questions, two independent-samples t-tests were performed. First for RQ4a, a t-test was performed between the White and Black participants and identification. Results indicated no significant differences between the groups, $t(291) = .59$, $p = .29$. Next, a t-test was performed to address RQ4b, which asked if participant race interacted with PSR. Results indicated no significant difference between the racial groups and PSR levels, $t(273) = -.36$, $p = .36$.

Study 1 Discussion

Study 1 examined effect of exposure to the interview where Meghan disclosed suicidal ideation. Data was modelled using Hayes PROCESS models to examine effects. Results from the models reveal insights into suicidality, hope, help-seeking, and stigma. Additionally, more results comparing the groups indicate differences in help-seeking, help-avoiding, empathy, and stigma. Below I will provide a brief discussion of this study, with a general discussion in Chapter 7.

First, most models did not run through the proposed serial mediation (transportation -> identification). The path between transportation and identification was strong; in every model, transportation predicted identification. However, in most models (with the exception of hope) identification did not then predict the outcome variable. Instead, an indirect path through transportation solely was found. However, when models were run with only one mediator, identification did lead to outcome effects. This suggests that transportation, when combined with identification, is more influential than identification and transportation accounts for something that identification does not. However, when separate, identification is a significant mediator.

Looking at suicidality, the models predicting suicidality indicated that effects came from the mediation of transportation or identification, but not both. These findings provide useful evidence for the Papageno effect and celebrity health disclosures. It seems that, in the context of suicidality, either transportation or identification leads to effects, not the combination of the two, however both predicted a decrease in suicidality. Additionally, when considering the strength of the relationship, transportation predicted more variance in suicidality compared to identification, and the relationship between transportation and suicidality was stronger than the relationship between identification and suicidality. This suggests that transportation is a better predictor of suicidality, in the context of narratives about suicidal ideation. Future research should examine Papageno stories using transportation as well as identification. Furthermore, in many models, PSR significantly predicted transportation. This suggests that PSR should be examined as well when dealing with stories of celebrity suicide or suicidal ideation.

In contrast to other models with outcome variables (i.e., suicidality and help-seeking) which mainly functioned through transportation, models with hope as an outcome variable were mediated by both transportation and identification. This indicates that hope functions differently

than suicidality and help-seeking intentions. This could be due to the difference between affective outcomes, cognitive outcomes, and behavioral outcomes. Affective outcomes may all run through transportation and identification, whereas other types of outcomes may not. Future research is necessary to test how different types of outcomes are affected by audience involvement processes.

Interestingly, although PSR was a significant predictor for suicidality and help-seeking, it was not a significant predictor for hope. Instead, transportability and familiarity were significant predictors for hope. Theoretically, this is supported by Van Laer's (2014) E-TIM, which states that familiarity and transportability are significant predictors to transportation. This points to some differences between PSR and familiarity. PSR asserts that an individual has a faux, one-sided relationship with a mediated figure whereas familiarity reflects how much someone knows about a mediated figure. These results suggest that, at least in the context of Meghan Markle's disclosure, familiarity is more significant than PSR at influencing emotional reactions like hope. Future research should investigate the differences between familiarity and PSR and subsequent message effects.

Next, race was not a predictor in any model. Race only correlated with hope and suicidality, not any other variables which explains the lack of significant findings. Although Van Laer et al. (2014) included demographic variables, like race, in their conceptualization of the E-TIM, this study provides evidence that race is not a significant predictor in this context. This finding is supported by extant research, which has found insignificant results pertaining to participant race (Schartel Dunn & Nisbett, 2020).

Furthermore, all models examining stigma as an outcome were not significant. Stigma was correlated with most variables, unlike race. However, the models still failed to reach

significance. This suggests that the various predictors and mediators, do not adequately explain suicide stigma. The Papageno effect does not take stigma into account (Niederkröthaler et al., 2022). Instead, it focuses mostly on suicidality and somewhat on help-seeking. More research is needed to understand how suicide stigma specifically functions with the Papageno effect, if at all.

When looking at group differences, there was no difference between the interview condition and the control condition in suicidality or hope. Although this was counter to both hypothesis, this can be explained by current literature on the Papageno effect. Although there is evidence of the Papageno effect occurring, most evidence comes from randomized control trials, not ecological evidence (Niederkröthaler et al., 2022). My study looked at a real story that was disseminated globally compared to a researcher-created story. Thus, the difference in findings may indicate that the Papageno effect theoretically is possible but does not lead to a direct decrease in suicidality and increase in hope when tested in a real-world context. Instead, these processes are mediated by audience involvement variables.

Despite finding no differences between the conditions in suicidality and hope, there were significant differences in help-seeking intentions, and help-avoiding intentions. Specifically, participants in the interview condition reported significant higher intentions to seek help in a suicidal crisis compared to participants in the control group. Additionally, participants in the control group reported significant higher intentions to avoid seeking help compared to participants in the interview condition. This is a novel finding in terms of the Papageno effect. Extant literature is unclear about the effects of Papageno stories on help-seeking (Niederkröthaler et al., 2022). This study provides empirical evidence that stories of hope and recovery from suicidal ideation can promote help-seeking intentions in a suicidal crisis.

There were significant differences between the interview condition and the control condition in terms of empathy for Meghan. Participants in the interview condition reported higher levels of empathy compared to participants in the control condition. Emotional reactions, like empathy, have been found to mediate other message effects like information-seeking intentions (Oliver et al., 2012). This is investigated further in Study 2.

Surprisingly, participants that were exposed to the interview had higher suicide stigma compared to the control group. Although this was opposite of what was hypothesized, it is explainable by the current suicide literature. Pirkis et al. (2019) found that, although many suicide prevention media campaigns find a reduction in negative attitudes, some result in an increase in negative attitudes. Additionally, Van der Burgt et al. (2021) found no difference in stigma levels after exposure to a suicide prevention campaign. More research is needed to understand the complex nature of stigma and unintended consequences of suicide prevention-type messaging.

Conclusion

In sum, Study 1 investigated effects of exposure to Meghan Markle's interview with Oprah Winfrey. Results from the study have several implications. First, results indicated no significant difference in suicidality between the interview group and control group. However, when the data was modeled, audience involvement processes, like PSR, transportation, and identification predicted a decrease in suicidality. Second, hope functioned differently than other outcome variables like help-seeking and suicidality. Third, stigma and race were insignificant in any model. Results are discussed further in Chapter 7. In the next chapter, I detail the results and brief discussion of Study 2.

CHAPTER 6: STUDY 2 RESULTS

Study 2 experimentally examined the effects of exposure to different news frames about Meghan's suicidal ideation disclosure. Three manipulated frames were tested, *Meghan as a victim*, *suicide as a public health concern*, and *suicide as gossip*, along with a control group. For this results section, the manipulated conditions are labelled victim, referring to *Meghan as a victim*, public health, referencing *suicide as a public health concern*, and gossip, representing *suicide as gossip*.

Preliminary Analyses

Before the main analyses, a number of preliminary analyses were conducted. First, data was assessed for normality. Next, zero-order correlations were conducted to investigate relationships between variables.

Data Normality

First, skewness and kurtosis indices of all variables were conducted to check for the assumption of univariate normality. Kline (2016) asserted that skewness over 3 and kurtosis over 10 indicate problems with data normality. All skew and kurtosis statistics were under 3 and 10 respectively, indicating no issues with normality.

Zero-Order Correlations

Zero-order associations between variables in the study were explored using bivariate correlations. First, correlations were conducted between independent variables and dependent variables using Pearson's r (see table 6.1).

Table 6.1 Zero-Order Correlations among Independent Variables, Dependent Variables, and Controls

Variable	Range	Mean	SD	1	2	3	4	5	6	7	8
1. Identification	1-5	3.43	1.01	---							
2. PSR	1-5	2.73	1.01	.58***	---						
3. Suicidality	1-5	1.68	.73	-.24***	-.18***	---					
4. Hope	1-5	3.84	.88	.29***	.32***	-.59***	---				
5. Perceptions of Hope	1-3	2.29	.73	.42***	.43***	-.22***	.24***	---			
6. Empathy	1-5	3.65	.92	.72***	.38***	-.22***	.22***	.32***	---		
7. Help-Seeking	1-5	3.83	1.20	.28***	.25***	-.51***	.39***	.28***	.23***	---	
8. Help-Avoidance	1-5	2.59	1.47	-.03	.09*	.39***	-.16***	-.03	-.08*	-.49***	---
9. Help Perception	1-5	4.23	1.06	.20***	.15***	-.56***	.43***	.17***	.20***	.58***	-.42***
10. Stigma	1-5	2.72	.84	.12**	.21***	.20***	-.08*	.03	.05	-.16***	.35***
11. Info-Suicide	1-5	3.39	1.35	.36***	.34***	-.10*	.25***	.26***	.27***	.30***	-.04
12. Info-Meghan	1-5	3.00	1.48	.60***	.66***	-.18***	.30***	.43***	.43***	.29***	-.02
13. Suicide Severity	1-5	4.29	.84	.13**	-.01	-.13***	.03	.06	.20***	.16***	-.12**
14. Susceptibility	1-5	4.02	.88	.13**	-.01	-.07	.05	-.03	.21***	.07	-.03
15. Positive Attitudes	1-5	4.01	.82	.59***	.43***	-.33***	.26***	.36***	.49***	.34***	-.20***
16. Negative Attitudes	1-5	2.82	1.06	-.05	.21***	0.08	.14***	.02	-.07	-.06	.25***
17. Racism	1-5	2.31	1.11	.22***	.42***	-.01	.17***	.24***	.09*	.04	.21***
18. Exaggerating	1-5	2.6	1.38	.10*	.31***	.04	.16***	.18***	-.01	.02	.21***
19. Did not experience	1-5	2.54	1.38	.09*	.29***	.01	.16***	.19***	-.05	-.02	.24***
20. Familiarity Meghan	0-21	7.19	5.44	.39***	.61***	-.12**	.33***	.33***	.26***	.24***	.11**
21. Suicide Experience	0-8	3.20	2.35	.08*	.05	.28***	-.14***	-.05	.14***	-.17***	.20***
22. Conservatism	1-7	3.74	1.73	.04	.10*	-.11**	.07	.05	.07	.05	-.03
23. Age	18-50	33.15	7.80	-.08*	-.03	-.10*	-.06	-.04	-.02	.10*	-.15***

Note: * $p < .05$, ** $p < .01$, *** $p < .001$.

Table 6.1 Continued. Zero-Order Correlations among Independent Variables, Dependent Variables, and Controls

Variable	9	10	11	12	13	14	15	16	17	18
1. Identification										
2. PSR										
3. Suicidality										
4. Hope										
5. Perceptions of Hope										
6. Empathy										
7. Help-Seeking										
8. Help-Avoidance										
9. Help Perception	---									
10. Stigma	-.16***	---								
11. Info-Suicide	.19***	.05	---							
12. Info-Meghan	.18***	.09*	.46***	---						
13. Suicide Severity	.20***	-.04	.13***	.03	---					
14. Susceptibility	.08*	.07	.18***	.02	.50***	---				
15. Positive Attitudes	.27***	-.09*	.26***	.44***	.25***	.19***	---			
16. Negative Attitudes	-.08*	.46***	.06	.11**	-.21***	-.09*	-.25***	---		
17. Racism	-.02	.41***	.12***	.30***	-.12**	-.06	.02	.44***	---	
18. Exaggerating	-.03	.29***	.16***	.21***	-.17***	-.05	-.11**	.61***	.44***	---
19. Did not experience	-.06	.35***	.14***	.20***	-.18***	-.09*	-.12**	.57***	.46***	.75***
20. Familiarity Meghan	.15***	.19***	.30***	.51***	-.03	-.01	.28***	.22***	.31***	.25***
21. Suicide Experience	-.15***	.14***	.16***	-.00	.12**	.20***	-.01	.01	-.03	-.05
22. Conservatism	.09*	.04	-.03	.10*	-.03	.03	.04	.04	.23***	.11**
23. Age	.04	-.03	-.10*	-.06	.01	.01	-.01	-.01	.03	-.01

Note: * $p < .05$, ** $p < .01$, *** $p < .001$.

Table 6.1 Continued. Zero-Order Correlations among Independent Variables, Dependent Variables, and Controls

Variable	19	20	21	22	23
1. Identification					
2. PSR					
3. Suicidality					
4. Hope					
5. Perceptions of Hope					
6. Empathy					
7. Help-Seeking					
8. Help-Avoidance					
9. Help Perception					
10. Stigma					
11. Info-Suicide					
12. Info-Meghan					
13. Suicide Severity					
14. Susceptibility					
15. Positive Attitudes					
16. Negative Attitudes					
17. Racism					
18. Exaggerating					
19. Did not experience	---				
20. Familiarity Meghan	.23***	---			
21. Suicide Experience	-.05	.10*	---		
22. Conservatism	.08*	.03	-.04	---	
23. Age	-.04	-.02	-.05	.05	---

Note: * $p < .05$, ** $p < .01$, *** $p < .001$.

Correlations were then conducted with demographic variables using Spearman's rho (see table 6.2).

Table 6.2. Zero-Order Correlations between demographic variables

Variable	Sex	Race
1. Identification	.00	-.06
2. PSR	.15***	-.03
3. Suicidality	-.01	.13**
4. Hope	.08*	-.10*
5. Perceptions of Message Hope	.04	-.11**
6. Empathy	-.04	-.01
7. Help-Seeking Intentions	-.04	-.09*
8. Help-Avoidance Intentions	.05	.07
9. Help Perception	-.06	-.11**
10. Stigma	.10*	.08
11. Info-Seeking: Suicide	-.04	-.10*
12. Info-Seeking: Meghan	.08*	-.09*
13. Suicidal Ideation Severity	-.10**	.02
14. Suicidal Ideation Susceptibility	.01	.14***
15. Positive Attitudes	-.02	-.08*
16. Negative Attitudes	.21***	.09*
17. Racism	.21***	.13***
18. Belief that Meghan exaggerated	.15***	-.02
19. Belief that Meghan did not experience SI	.14***	-.04
20. Familiarity with Meghan	.05	-.06
21. Previous Suicide Experiences	-.01	.16***
22. Conservatism	.13***	.12**
23. Age	.33***	.20***

Note: Race dummy coded with 1 = White, 0 = Black, Sex dummy coded with 1 = Male, 0 = Female. * $p < .05$, ** $p < .01$, *** $p < .001$.

Identification and PSR correlated with most of the outcome variables. Hope was also correlated with a majority of the variables. Suicidality correlated with many of the variables, but

not as many as identification, PSR, and hope. Stigma correlated with mostly negative outcomes (i.e., suicidality, racism, intentions to not seek help, negative attitudes). Stigma weakly negatively correlated with hope and help-seeking intentions.

As it pertains to the demographic characteristics, race and sex correlated with different variables from each other. For instance, race correlated with suicidality, hope, perceptions of hope, help-seeking. Importantly, race did not correlate with either identification or PSR. Whereas, sex correlated with PSR (not identification though), stigma, suicide severity and beliefs that Meghan was exaggerating, or did not experience suicidality.

Data Analytic Procedures

To evaluate all hypotheses and research questions for study 2, a variety of ANOVAs, t-tests, and hierarchical regressions were conducted. For all hierarchical regressions performed, the first block contained 6 control variables. These variables included: age, race, sex, conservatism, previous suicide experiences, and familiarity with Meghan. Race and sex were both dummy coded. Race was dummy coded with 0 = Black race and 1 = White race. Sex was coded where 0 = Woman and 1 = Man. The next block of the hierarchical regression contained the main predictors. Finally, the manipulations were added to the last block. All statistics were performed using SPSS version 20.0.2. In order to be considered significant, p-values of .05 and below were accepted.

Main Analysis Results

The first few research questions and hypotheses deal with the Papageno effect. First, RQ1 asked how the different frames affect suicidality, which is the main outcome of the Papageno effect. To answer this, a one-way between subjects ANOVA was conducted. Results indicated no

significant differences between the conditions and participant suicidality $F(2, 613) = 0.72, p = 0.54, \eta^2 = 0.14$.

Next, hope was investigated. RQ2 asked which condition results in the most hope. A one-way between subjects ANOVA was conducted between group conditions and hope. Results indicated no significant differences between conditions and levels of hope $F(3, 641) = 0.59, p = 0.98, \eta^2 = 0.0$.

Following this, RQ3 asked which condition was perceived as most hopeful. A one-way between subjects ANOVA was conducted between group conditions and perceptions of message hopefulness. Levene's test was significant, $F(3, 648) = 3.15, p = 0.02$, indicating problems with homogeneity of variance. To correct for this, Welch's test was performed. Welch's test was significant, $F(3, 356.48) = 13.39, p < .001$, confirming significant differences between the groups. Post hoc comparisons using Games-Howell test were conducted to test for differences between groups. Results indicated that the public health condition ($M = 2.56, SD = 0.62$) was significantly more hopeful than the rest of the groups. There were no differences between the victim ($M = 2.25, SD = 0.77$), gossip ($M = 2.17, SD = 0.74$), and control ($M = 2.17, SD = 0.73$).

RQ4 asked if hope, perceptions of hope, identification, and PSR would predict a decrease in suicidality. To answer this, a hierarchical regression was run with hope, perceptions of hope, identification, and PSR together in the second block (see table 6.3). The total regression accounted for 47% of the variance in suicidality. The control variables accounted for 13% of the variance in suicidality. Age negatively predicted suicidality, suggesting that older participants had lower levels of suicidality. Previous suicide experiences positively predicted suicidality, and familiarity with Meghan positively predicted suicidality. Hope, perceptions of hope, identification accounted for 34% of the total variance. All three negatively predicted suicidality,

with hope as the stronger predictor, followed by identification, then perceptions of message hopefulness. PSR was not a significant predictor. Finally, none of the conditions were significant predictors of suicidality.

Table 6.3 Hierarchical regression predicting suicidality.

Predictor Variables	β	Adjusted R ²	R ² Change	F Change
Block 1: Control		.13	---	12.70
Race	.02			
Sex	.07			
Age	-.14***			
Conservatism	-.05			
Suicide Experiences	.19***			
Meghan Familiarity	.11*			
Block 2: Main Predictor		.47	.34***	73.93
Hope	-.58***			
Perceptions of Hope	-.09*			
Identification	-.19***			
PSR	.06			
Block 3: Manipulations		.47	.00	.91
Victim	.07			
Public Health	.05			
Gossip	.03			

Note: Final model $F(13, 450) = 32.54, p < .001$.

* $p < .05$, ** $p < .01$, *** $p < .001$.

The next few hypotheses and research questions focus on identification with Meghan and subsequent effects. H1 stated that the victim frame would result in more identification compared to other groups. In order to test this hypothesis, a one-way ANOVA was conducted. Levene's test was significant, $F(3, 623) = 6.76, p < .001$, therefore Welch's test was used. Welch's test indicated significant differences between the groups, $F(3, 344.52) = 16.80, p < .00$. Games-Howell test was conducted to identify differences between the groups. All conditions reported significantly more identification with Meghan than the control ($M = 3.05, SD = 1.14$). Between the manipulated conditions, the public health condition ($M = 3.82, SD = 0.82$) had significantly more identification compared to the gossip condition ($M = 3.39, SD = 0.94$) and the victim

condition ($M = 3.53$, $SD = 0.95$). The victim and gossip conditions were not significantly different from each other. Therefore, H1 was partially supported.

Following H1, RQ5 delved further into identification, asking if identification with Meghan would: a) increase hope and b) increase help-seeking intentions. RQ5a asked if identification with Meghan would predict an increase in hope. To answer this, I conducted a hierarchical regression (see table 6.4). The final model accounted for 20% of the total variance in hope. Age and previous suicide experiences negatively predicted hope whereas familiarity with Meghan positively predicted hope. Identification also positively predicted hope, however, familiarity with Meghan was a stronger predictor than identification. None of the manipulations were significant predictors.

Table 6.4 Hierarchical Regression with identification predicting hope

Predictor Variables	β	Adjusted R ²	R ² Change	F Change
Block 1: Control		.18	---	19.23***
Race	-.05			
Sex	.08			
Age	-.09*			
Conservatism	.07			
Suicide Experiences	-.17***			
Meghan Familiarity	.31***			
Block 2: Main Predictor		.20	.02	14.15***
Identification	.18***			
Block 3: Manipulations		.20	.01	1.28
Victim	-.04			
Public Health	-.10			
Gossip	-.06			

Note: Final model $F(10, 505) = 13.65$, $p < .001$.

* $p < .05$, ** $p < .01$, *** $p < .001$.

RQ5b asked if identification with Meghan would be associated with help-seeking intentions. A hierarchical regression was conducted (see table 6.5). The final model accounted for 15% of the total variance in help-seeking. Age and familiarity with Meghan positively predicted help-seeking intentions whereas previous suicide experiences negatively predicted help-seeking intentions. Identification positively predicted help-seeking intentions. Finally, the gossip condition

negatively predicted help-seeking, however the victim and public health were not significant predictors. Despite the gossip condition significantly predicting help-seeking intentions, no additional variance was explained in the third block.

Table 6.5 Hierarchical Regression with identification predicting help-seeking intentions

Predictor Variables	β	Adjusted R ²	R ² Change	F Change
Block 1: Control		.11	---	11.85***
Race	-.08			
Sex	-.07			
Age	.12**			
Conservatism	.04			
Suicide Experiences	-.20***			
Meghan Familiarity	.17***			
Block 2: Main Predictor		.15	.04	25.44***
Identification	.24***			
Block 3: Manipulations		.15	.01	1.63
Victim	-.08			
Public Health	-.08			
Gossip	-.11*			

Note: Final model $F(10, 512) = 12.48, p < .001$.

* $p < .05$, ** $p < .01$, *** $p < .001$.

Next, H2 predicted that PSR and empathy with Meghan would predict a) more information seeking intentions for suicide information and b) information-seeking intentions about Meghan. To answer this hypothesis, two hierarchical regressions were conducted. First, to answer H2a, the final model accounted for 17% of the variance in information-seeking intentions about suicide. The control variables accounted for 12% of the variance in information-seeking intentions. Race negatively predicted information-seeking intentions, which means that Black participants were more likely to endorse information-seeking intentions about suicide compared to White participants. Next, previous suicide experiences positively predicted information-seeking about suicide. Finally, familiarity with Meghan positively predicted information-seeking intentions about suicide. Both empathy and PSR positively predicted information-seeking

intentions, adding an additional 6% to the variance explained. Finally, none of the manipulations predicted information-seeking intentions about suicide.

Table 6.6. Hierarchical Regression predicting information-seeking intentions for suicidal ideation

Predictor Variables	β	Adjusted R ²	R ² Change	F Change
Block 1: Control		.12	---	12.56
Race	-.11**			
Sex	-.02			
Age	-.02			
Conservatism	.00			
Suicide Experiences	.18***			
Meghan Familiarity	.10*			
Block 2: Main Predictor		.18	.06***	17.47
Empathy	.15**			
PSR	.20***			
Block 3: Manipulations		.17	.00	.37
Victim	-.02			
Public Health	-.00			
Gossip	-.05			

Note: Final model $F(11, 488) = 10.55, p < .001$.

* $p < .05$, ** $p < .01$, *** $p < .001$.

H2b stated that PSR and empathy with Meghan would be associated with an increase in information-seeking intentions about Meghan. The final model accounted for 52% of the variance in information-seeking intentions about Meghan. The control variables accounted for 29% of the variance. Race negatively predicted information-seeking intentions about Meghan, meaning that Black participants were more likely to seek information about Meghan compared to White participants. Familiarity with Meghan was a positive predictor of information-seeking intentions about Meghan. PSR and empathy explained an additional 21% of the variance in information-seeking intentions about Meghan. Both PSR and empathy positively predicted information-seeking intentions, however, PSR was a stronger predictor than empathy. Finally, the manipulations explained an additional 2% of variance. All three conditions positively predicted information-seeking intentions about Meghan.

Table 6.7 Hierarchical Regression predicting information-seeking intentions about Meghan

Predictor Variables	β	Adjusted R ²	R ² Change	F Change
Block 1: Control		.29	---	35.20
Race	-.09**			
Sex	.04			
Age	-.03			
Conservatism	.04			
Suicide Experiences	-.03			
Meghan Familiarity	.17***			
Block 2: Main Predictor		.50	.21***	105.96
Empathy	.18***			
PSR	.48***			
Block 3: Manipulations		.52	.02**	5.05
Victim	.13**			
Public Health	.12**			
Gossip	.12**			

Note: Final model $F(11, 488) = 49.17, p < .001$.

* $p < .05$, ** $p < .01$, *** $p < .001$.

Next, I investigated the role of PSR solely. H3 posited that PSR with Meghan Markle would be associated with higher susceptibility perceptions for suicidal ideation. Bivariate correlation between PSR and susceptibility perceptions revealed no significant relationship, therefore no linear regression was run. H3 was not supported.

Next, H4 and H5 dealt with empathy and how empathy affected participants. H4 posited that participants in the victim condition would have higher levels of empathy for Meghan. To test this hypothesis, a one-way between subjects ANOVA was conducted between group condition and empathy. Results indicated a significant difference between groups and levels of empathy $F(3, 641) = 7.44, p < .001, \eta^2 = 0.06$. Post hoc comparisons utilizing Bonferroni correction were performed. Results indicated that the public health condition had the highest levels of empathy ($M = 3.89, SD = 0.85$), and was significantly different than the gossip ($M = 3.59, SD = 0.86$) and control conditions ($M = 3.44, SD = 0.97$). Public health and victim conditions ($M = 3.71, SD = 0.94$) were not significantly different. The victim condition was significantly higher than the control, therefore H4 was partially supported.

H5 stated that participants with higher levels of empathy for Meghan would report a) more positive attitudes about Meghan and b) lower levels of suicide stigma. A hierarchical regression was conducted (see table 6.8). In total, the final regression accounted for 26% of the variance in positive attitudes about Meghan. Of the controls, only familiarity with Meghan was significant. Familiarity with Meghan positively predicted positive attitudes towards Meghan. Empathy also positively predicted more positive attitudes towards Meghan. Finally, of the manipulated conditions, the public health frame positively predicted more positive attitudes about Meghan.

Table 6.8 Hierarchical Regression with empathy predicting positive attitudes towards Meghan

Predictor Variables	β	Adjusted R ²	R ² Change	F-Change
Block 1: Control		.08	---	8.67***
Race	-0.07			
Sex	-0.01			
Age	0.03			
Conservatism	0.02			
Suicide Experiences	-0.06			
Meghan Familiarity	0.16***			
Block 2: Main Predictor		.26	.18	127.17***
Empathy	0.43***			
Block 3: Manipulations		0.26	0.01	1.52
Victim	0.07			
Public Health	0.10*			
Gossip	0.05			

Note: Final model $F(10, 513) = 19.71, p < .001$.

* $p < .05$, ** $p < .01$, *** $p < .001$.

H5b predicted that empathy with Meghan would be associated with a decrease in suicide stigma. Empathy and stigma were not correlated; therefore, no regression was run. H5 was not supported.

The next two research questions focus on help-seeking intentions, intentions to avoid help, and perceptions of help. RQ6 asked if the public health frame would result in higher intentions to seek help. A one-way ANOVA was conducted to answer this question. Results

indicated no significant difference between conditions and help-seeking intentions, $F(3, 654) = 1.374, p = 0.250, \eta^2 = 0.006$.

RQ7 asked if the Meghan as a victim frame would result in a) an increase in intentions to avoid help and b) a decrease in help perceptions. To answer RQ7a, a one-way ANOVA was conducted. Results reveal no significant differences between conditions and intentions to avoid help-seeking, $F(3, 646) = 1.75, p = 0.156, \eta^2 = 0.008$. RQ7b asked if the victim frame would result in a decrease in help perceptions. To test this, a one-way ANOVA was conducted. Results indicated no significant difference between conditions in help perceptions, $F(3, 655) = 1.182, p = 0.316, \eta^2 = 0.005$.

The following two hypotheses predicted effects based on specific frames. H6 posited that the public health condition would result in less suicide stigma. To test this hypothesis, a one-way ANOVA was conducted. Results from the ANOVA indicated no significant differences between the groups, $F(3, 616) = 1.256, p = 0.289, \eta^2 = 0.006$. H6 was not supported. Further investigation into stigma correlations showcased non-significant, limited and weak correlations with many variables.

H7 addressed how the suicide as gossip frame would affect suicide severity ratings and attitudes about Meghan. H7a postulated that the gossip condition would result in lower suicide severity ratings. A one-way ANOVA was performed to test this hypothesis. Results indicated no significant differences between conditions and suicide severity ratings, $F(3, 643) = 0.707, p = 0.548, \eta^2 = 0.003$. H7a was not supported.

H7b hypothesized that the gossip condition would result in more negative attitudes about Meghan. To test this, a one-way ANOVA was conducted. Levene's test was significant, $F(3, 631) = 5.57, p < .001$. To address this, Welch's test was performed, $F(3, 347.64) = 7.29, p < .$

001, indicating significant differences between the groups. In order to identify the group differences, post hoc comparisons were conducted using Games-Howell correction. Results indicate that the gossip condition ($M = 3.02$, $SD = 1.00$) and the control condition ($M = 2.98$, $SD = 0.95$) both reported significantly more negative attitudes compared to the public health ($M = 2.62$, $SD = 1.14$) and victim conditions ($M = 2.61$, $SD = 1.07$). Therefore, H7b was supported.

Finally, the last set of hypotheses and research questions all dealt with race and racism. First, H8 predicted that racism would result in more negative beliefs about Meghan's disclosure (i.e., beliefs that Meghan was exaggerating or that she did not experience suicidal ideation. To answer H8, two hierarchical regressions were conducted; one examining beliefs that Meghan was exaggerating, and one examining beliefs that Meghan did not experience suicidal ideation.

The first regression, with racism predicting beliefs that Meghan was exaggerating, accounted for 25% of the variance (see table 6.9). Race negatively predicted beliefs that Meghan was exaggerating, meaning that White participants were more likely to believe that Meghan was exaggerating compared to Black participants. Familiarity with Meghan positively predicted beliefs that Meghan was exaggerating. Finally, sex positively predicted beliefs that Meghan was exaggerating, indicating that men were more likely to believe Meghan was exaggerating compared to women. Racism positively predicted beliefs that Meghan was exaggerating. Finally, each condition negatively predicted that Meghan was exaggerating, accounting for an additional 3% of the total variance explained.

Table 6.9 Hierarchical Regression with racism predicting beliefs that Meghan was exaggerating

Predictor Variables	β	Adjusted R ²	R ² Change	F Change
Block 1: Control		.11	---	11.25***
Race	-0.08*			
Sex	0.11*			
Age	-0.04			
Conservatism	0.04			
Suicide Experiences	-0.02			
Meghan Familiarity	0.15***			
Block 2: Main Predictor		.22	.12	77.69***
Racism	0.38***			
Block 3: Manipulations		.25	.03	6.68***
Victim	-0.13**			
Public Health	-0.21***			
Gossip	-0.14**			

Note: Final model $F(10, 516) = 18.03, p < .001$.

* $p < .05$, ** $p < .01$, *** $p < .001$.

Next, a hierarchical regression was conducted on the belief that Meghan did not experience suicidal ideation. The hierarchical regression accounted for 24% of the variance in beliefs that Meghan did not experience suicidal ideation (see table 6.10). Race negatively predicted beliefs, meaning that White participants were more likely to believe that Meghan did not experience suicidal ideation compared to Black participants. Sex positively predicted beliefs that Meghan did not experience suicidal ideation, meaning that men were more likely to believe that Meghan did not experience suicidal ideation compared to women. Age negatively predicted beliefs whereas familiarity with Meghan positively predicted beliefs. Racism positively predicted beliefs that Meghan did not experience suicidal ideation. Finally, all three manipulated conditions negatively predicted beliefs that Meghan did not experience suicidal ideation, adding an additional 2% of variance explained.

Table 6.10 Hierarchical Regression with racism predicting beliefs that Meghan did not experience suicidal ideation

Predictor Variables	β	Adjusted R ²	R ² Change	F Change
Block 1: Control		.08	---	8.96***
Race	-0.08*			
Sex	0.09*			
Age	-0.09*			
Conservatism	-0.02			
Suicide Experiences	-0.03			
Meghan Familiarity	0.11**			
Block 2: Main Predictor		.22	.14	93.18***
Racism	0.42***			
Block 3: Manipulations		.24	.02	5.19**
Victim	-0.15***			
Public Health	-0.17***			
Gossip	-0.12*			

Note: Final model $F(10, 515) = 17.59, p < .001$.

* $p < .05$, ** $p < .01$, *** $p < .001$.

Next, RQ10 asked how participant race interacts with a) identification and b) PSR.

RQ10a asked how participant race interacts with identification. To answer this, an independent-sample t-test was performed. Results from the t-test indicated that Black participants ($M = 3.51$, $SD = 0.97$) significantly identified more with Meghan compared to White participants, ($M = 3.37$, $SD = 1.02$), $t(576) = 1.70, p = 0.045$. RQ10b asked how participant race interacts with PSR. An independent-sample t-test was performed to answer this question. Results indicated no significant differences between races and PSR with Meghan, $t(548) = 0.28, p = 0.389$.

Finally, RQ11 asked how Meghan's perceived racial identity interacts with a) identification and b) PSR. Before conducting those analyses, means were investigated for each perceived racial identity. Results indicate that people perceived Meghan as a Biracial woman the most ($M = 2.41$, $SD = .73$). Next, they perceived her as a Woman of Color ($M = 2.31$, $SD = .75$). Following that, they perceived her as a Black woman ($M = 2.20$, $SD = .79$). Finally, White woman had the lowest mean ($M = 2.17$, $SD = .76$).

RQ11a asked how Meghan Markle's perceived racial identity interacted with identification. To answer RQ11a, four one-way ANOVAs were conducted, one for each racial identity (Woman of Color, Biracial woman, Black woman, and White woman). Perceptions of Meghan's racial identity were measured on a 3-point scale, with 1 reflecting that participants did not think that Meghan had that racial identity and 3 indicating that they highly endorsed that identity to Meghan. Racial identity perceptions served as the grouping variable and identification was the outcome variable for each ANOVA. Since the racial identity perceptions were used as grouping variables, the groups were uneven and violated assumptions of equal variances. As expected, Levene's test was significant for each ANOVA, indicating problems with homogeneity of variance. Welch's test was run for each ANOVA, as it can handle unequal group size. Games-Howell post hoc tests were conducted for each ANOVA.

Looking at identification, all ANOVAs indicated significant differences between groups (see table 6.11). To be clear, table 6.11 displayed the mean identification scores per group (not at all, somewhat, and very) for each racial identity separately. Additionally, for interpretability, identification was measured on a 5-point scale. Beginning with Woman of Color, participants' identification levels significantly increased as participants felt that Meghan had that identity as a Woman of Color. In other words, participants significantly identified with Meghan more when they thought she was a Woman of Color compared to when they thought that did not apply to her. The same pattern was found for the identity of Biracial woman. As participants perceived Meghan as having the identity of a Biracial woman, they identified more with her, compared to when they did not think she had that identity. With the Black woman identity, the same pattern emerged; the more participants perceived Meghan as a Black woman, the more they identified with her. Finally, the identity of White woman functioned differently. Instead of each step

increasing identification, participants identified more with Meghan when they either perceived her as not at all a White woman or very much a White woman. Of all the means, the Black woman identity had the highest mean identification score. However, it is important to note that identities were not statistically tested against each other, so no claims can be made about significant differences between the different racial identities.

Table 6.11. ANOVA table between Meghan's perceived racial identities and identification with Meghan

Variable	F	df	p	Not at all	Somewhat	Very
ID with Woman of Color	17.82	(2, 260.24)	<.001	3.03(1.16)	3.33(.84)	3.70(.98)
ID with Biracial Woman	9.87	(2, 221.11)	<.001	3.06(1.09)	3.35(.88)	3.59(1.02)
ID with Black Woman	18.69	(2, 329.17)	<.001	3.15(1.12)	3.30(.89)	3.74(.95)
ID with White Woman	4.99	(2, 326.71)	.007	3.42(1.05)	3.31(.89)	3.60(1.07)

RQ11b asked how Meghan Markle's perceived racial identity interacted with PSR (see table 6.12). The same process as used in part a of this research question was used. Again, Levene's test was significant for three of the four ANOVAs, and Welch test was used, with Games-Howell correction for post hoc analyses. The Black Woman ANVOA did not violate assumptions, and Bonferroni corrections were used for pos-hoc comparisons. As with identification, across all ANOVAs, higher perceptions of the racial identity reported stronger PSR with Meghan Markle.

The results largely mirrored the previous ANOVAS with identity and identification. However, the means across all groups were lower than the identification means. The main difference comes from the White woman. The previous pattern where somewhat applicable was lower, was not found with PSR with White woman identity. Instead PSR scored increased in each group, from not at all to very applicable. This pattern as found in every identity; as participants perceived Meghan as having that identity, PSR scores increased. Again, the Black

woman PSR mean for very applicable was the highest mean among the perceived racial identities.

Table 6.12. ANOVA table between Meghan's perceived racial identities and PSR with Meghan

Variable	F	df	<i>p</i>	Not at all	Somewhat	Very
PSR with Woman of Color	18.23	(2, 267.74)	<.001	2.25(.97)	2.71(.93)	2.94(1.03)
PSR with Biracial Woman	10.64	(2, 215.56)	<.001	2.36(.91)	2.64(.97)	2.88(1.03)
PSR with Black Woman*	26.76	(2, 584)	<.001	2.30(.98)	2.66(.90)	3.06(1.02)
PSR with White Woman	8.07	(2, 325.30)	<.001	2.55(.91)	2.64(.90)	2.96(1.14)

Study 2 Discussion

Suicidality

Despite the null findings for direct effects, identification with Meghan significantly negatively predicted a decrease in suicidality, accounting for approximately 6% of the total 18% of variance in suicidality. Given that the Papageno effect is thought to work through identification (Arendt et al., 2016; Niederkrotenthaler et al., 2010), this study supports the Papageno effect in a real-world context. This finding is also supported by the celebrity health disclosure literature; in a meta-analysis, Kresovich and Noar (2020) found that identification significantly predicted health behavior intentions. Additionally, Myrick et al. (2024) argue that involvement processes, like identification, are significant contributors to message effects.

In the regression, age, conservatism, and previous suicide experiences all were significant predictors. Age negatively predicted suicidality, indicating that a younger age predicts suicidality. Conservatism was also significant, indicating that more liberal views predicted suicidality. Finally previous suicidal experiences positively predicted suicidality, a finding that is supported by existing literature (Bostwick et al., 2016).

The beta for previous suicide experiences was approximately the same as the beta for identification, although in different directions. These findings suggest that demographic and control variables account for more variance in suicidality than identification, although identification is significant. These findings are not surprising; suicide and suicidality are complex phenomena that depends on a variety of factors coming together (Turecki et al., 2019). These findings suggest that targeting subgroups, like young liberal men, in combination with identification would be an effective way to decrease suicidality.

Help-seeking

Help-seeking is an important understudied component of the Papageno effect. Most studies examining the Papageno effect use suicidal ideation as an end point, with only a few looking further to help-seeking behaviors (Niederkrötenhaler et al., 2022). In a 2022 meta-analysis, extant literature based on the Papageno effect demonstrated no effect on help-seeking behaviors for suicidal ideation; however, there was not enough of a reliable sample of studies measuring help-seeking to make firm conclusions. My study provides more evidence to answer this ambiguity in current research. One-time exposure to news stories does not significantly affect help-seeking behaviors for suicidal ideation.

However, identification, as with suicidal ideation, was significant in promoting help-seeking behaviors. Specifically, identification with Meghan predicted an increase in intentions to seek help for suicidal ideation. Studies examining celebrity health disclosures support these results (Kresovich & Noar, 2020; Noar et al., 2014). Although this finding is theoretically supported by the celebrity health disclosure literature, this is a novel finding for the suicide prevention literature. Much of the extant work on the Papageno effect does not measure

identification, despite its significance. The lack of current findings could be due to this oversight in existing literature.

Interestingly, in the regression with identification predicting help-seeking, the *suicide as gossip* condition negatively predicted help-seeking. The other frames did not significantly predict help-seeking, although all were negative predictors. This suggests that the *suicide as gossip* frame functions differently with help-seeking than the other two frames. A possible explanation for this difference is the frame itself. The *suicide as gossip* frame focused on gossip from the interview, similar to a tabloid. Research into tabloids and suicide have found negative results like an increase in stigma and increase in endorsement of suicide myths, supporting my findings (Till et al., 2018).

Additionally, RQ7 asked about if exposure to news frames would result in a decrease in perceptions of help and an increase in avoidance of help. Results indicate no significant difference in help perceptions or help-avoidance. Given that Meghan repeatedly spoke of a denial of help in her interview, and it was widely reported in news articles, this lack of finding is a positive result. In other words, reporting of Meghan's denial of support did not result in an increase in perceptions that support for suicidal ideation would be withheld. Furthermore, none of the news articles resulted in an increase in avoidance of help-seeking, another positive result.

Hope

Although no direct effects were found in terms of hope, hope significantly predicted suicidality. More specifically, hope strongly negatively predicted suicidality. This finding is supported by extant suicide literature (Davidson et al., 2010; Grewal & Porter, 2007; Kwon et al., 2015). It is widely argued that hope leads to a decrease in suicidality. Indeed, Snyder (1996) in his conceptualization of hope addressed the role of hope in suicide.

When examining identification's role with hope, identification with Meghan correlated with an increase in hope. This is supported by extant literature (Myrick & Willoughby 2021; Myrick et al., 2024). Therefore, identification with Meghan did predict an increase in hope, however identification was not the strongest predictor.

Indeed, familiarity with Meghan was a stronger predictor than identification with Meghan. This finding could be due to the differences in familiarity and identification. Identification with Meghan was measured by specifically asking about the current video that the participants were exposed to. It does not take into account previous exposure with Meghan. However, familiarity with Meghan was measured by asking about exposure to Meghan globally, including events that have occurred after the interview aired. Participants may have more familiarity with Meghan and her circumstances and story beyond the interview that which could impact hope. Additionally, circumstances after the interview aired may be perceived as more hopeful than the interview, leading to the differences in findings.

Perceptions of Hope

Although none of the messages had any effect on feelings of hope, there was a difference in perceptions of message hopefulness. The *suicide as public health concern* frame was significantly higher in perceptions of message hopefulness, compared to the rest of the conditions. There were no differences in hope perceptions between the control and other two manipulated conditions (*Meghan as a victim* and *suicide as gossip*).

Both hope and perceptions of message hopefulness correlated with a decrease in suicidality. However, hope accounted for far more of the variance in suicidality than perceptions of message hopefulness.

Empathy

In the celebrity health literature, empathy has been identified as a significant emotion promoting different message effects (Francis et al., 2019). There were significant differences in levels of empathy depending on news condition; specifically, the suicide as a *public health concern* condition resulted in higher levels of empathy compared to the *suicide as gossip* condition and control condition. Although the original hypothesis stated that the *Meghan as a victim* condition would have the highest levels, and that condition was higher in empathy than the control and *suicide as gossip* conditions, it was not higher than the *suicide as public health* condition. This is an interesting finding. The *Meghan as a victim* condition was hypothesized to be the highest due to the intimate personal details Meghan disclosed in that condition. However, it seems that education about suicide results in more empathy than disclosure of Meghan's personal situation.

Empathy was linked to an increase in information-seeking for both information about suicide and suicidal ideation as well as about Meghan, a finding supported by some extant literature (Oliver et al., 2012). Other research has found no relationship between empathy and information-seeking intentions (e.g., Dillman Carpentier & Parrott, 2016; Francis, 2018; Francis et al., 2019). These findings provide further support that empathy can serve to increase information-seeking intentions following a celebrity health disclosure. Additionally, I found that empathy was a significant predictor in information-seeking about suicide and suicidal ideation as well as information about Meghan. The extant literature has largely examined information-seeking about health conditions alone, not the celebrity, which could explain the differences in findings.

Finally, empathy also correlated with an increase in positive attitudes about Meghan, with empathy's beta indicated a moderate positive relationship. This finding is supported by existing literature. Batson and Ahmad (2009) found that empathy predicts more positive attitudes. Looking specifically at celebrity health disclosures, Leung and Cheng (2016) found that empathy with the celebrity predicted more positive attitudes towards the celebrity. Additionally, the suicide as public health condition positively predicted positive attitudes about Meghan.

PSR

PSR had no relationship to susceptibility perceptions about suicidal ideation. This result is contrary to some current literature on celebrity health disclosures. For instance, Cohen (2020) found that exposure to a celebrity exemplar about COVID-19 was associated with an increase in susceptibility perceptions for COVID-19. Similarly, Walter et al. (2022) found that PSR with a celebrity was also associated with an increase susceptibility perceptions for COVID-19. The difference in my results could be due to the difference between other health concerns and suicide and suicidal ideation. Additionally, in a study examining celebrity disclosure of skin cancer, (Myrick 2018) found no relationship between susceptibility and severity perceptions regarding skin cancer. More research is needed to investigate how celebrity health disclosures relate to susceptibility perceptions of suicidal ideation specifically.

Beyond susceptibility perceptions, PSR with Meghan predicted information-seeking intentions for both information about suicide and suicidal ideation and information about Meghan. PSR accounted for far more variance in information-seeking about Meghan compared to information-seeking about suicide and suicidal ideation. Furthermore, PSR's beta was stronger in regression predicting information-seeking about Meghan compared to the PSR beta in the regression predicting information-seeking about suicide. These results are supported by existing research on information-seeking following celebrity health disclosures (Dillman Carpentier &

Parrott, 2016). Interestingly, the manipulations only significantly predicted intentions to seek information about Meghan, but not information-seeking intentions about suicide or suicidal ideation. Again, this is supported by Dillman Carpentier and Parrot's (2016) research which indicated that the public often searches for information about the celebrity over information about the illness.

Additionally, in both regressions race negatively predicted information-seeking intentions. This means that Black participants were more likely to endorse information-seeking intentions about both suicide and suicidal ideation as well as Meghan compared to White participants. This finding is supported by extant literature (Francis, 2018; Myrick et al., 2022). For instance, Naik et al. (2021) studied google search data following Chadwick Boseman's death, finding that there was a significant increase in searches about colon cancer specifically focused in areas of the US with higher proportions of Black Americans.

Frame Specific Questions

H7 hypothesized that the *suicide as gossip* frame would affect a) suicidal ideation severity rating and b) negative attitudes about Meghan. There were no differences in conditions and suicidal ideation severity ratings. However, as with susceptibility ratings, severity ratings were high across all conditions, indicating that suicidal ideation is already perceived as severe. Although this is a null finding, it is promising for suicide research that participants are taking suicidal ideation seriously as a severe health issue. Indeed, the fear of dismissal of suicidal feelings is a common barrier keeping people from disclosing suicidal ideation (Sheehan et al., 2019). This finding suggests that participants in this study take suicidal ideation as a serious, severe health threat. Additionally, Cohen (2020) studied celebrity health exemplars and COVID-19, finding no evidence that celebrity exemplars affect severity perceptions of COVID-19.

Both the suicide as gossip frame and the control resulted in significantly more negative attitudes about Meghan compared to the suicide as *public health* and the *Meghan as a victim frame*. As stated earlier, the suicide as gossip frame is akin to a tabloid, which, as Till et al. (2018) found, can lead to an increase in negative attitudes and stigma about suicide. Negative attitudes about Meghan and stigma were moderately positively correlated, indicating that these functioned together. Therefore, it is likely that the stigma of suicide negatively affected attitudes towards Meghan.

Race

Racial Identity Perceptions

RQ11 asked how perceptions of Meghan's racial identity interacted with a) identification and b) PSR. Overall, the mean scores for identification were higher than the mean scores for PSR. Additionally, in every racial identity, except White woman, stronger endorsement of the racial identity had higher means for identification and PSR than weaker endorsement or non-endorsement.

Looking at identification specifically, the Woman of Color identity and Black woman identity had the highest mean identification scores, when the identities were perceived as highly applicable. Comparatively, the Biracial woman and White woman means were lower when considered highly applicable, compared to the Black woman and Woman of color. These results suggest a few things. One, the higher identification scores for Black woman and Woman of Color suggest that Meghan is identified with more when she is perceived as a racial minority. These results suggest that Meghan's biracial identity or identity as a White woman were not as highly endorsed as perceptions of her as a Black woman or Woman of Color. These results make sense, given Meghan's discussion of racism in the news articles. Supporting this, Wilton et al.

(2018) found that White participants significantly perceived biracial people as having a stronger Black identity when the biracial person spoke up about racism.

Second, results investigating participant race and identification show that Black participants identified more with Meghan than White participants. Given that, the stronger racial endorsement for Meghan as a Black woman and Meghan as a Woman of Color support these findings. This finding is contrary to Kosenko et al.'s (2016) finding that non-White participants identified more with a White celebrity. However, they are in line with other research on minority population identification with minority celebrities (Armstrong, 2002).

Race, PSR, and ID

RQ10 asked how participant race would interact with identification and PSR. Results indicate that Black participants significantly identified with Meghan more than White participants. There were no differences between Black and White participants and PSR with Meghan.

Some research into celebrities and identification have found opposite results than the ones in this study. Specifically, Kosenko et al. (2016) found that non-White participants identified more with a White celebrity compared to White participants. Although my results are contrary to Kosenko et al.'s (2016), Kosenko and colleagues investigated a White celebrity whereas I looked at a biracial celebrity. More research is needed to compare how identification functions with different racial identities.

Racism

RQ11 addressed the role of racism in beliefs about Meghan's disclosure (i.e., that she was exaggerating or did not experience suicidal ideation). Results from both regressions indicate that racism significantly positively predicts beliefs that Meghan was exaggerating, and that

Meghan did not experience suicidal ideation. This is in line with extant literature on racism and attitudes (Dixon & Azocar, 2007; Wise, 2010). Additionally, Thompson et al. (2023) argued that women, in particular, experience health-related communicative disenfranchisement, which broadly includes dismissal of health experiences. These findings are directly in line with that research.

In both regressions, the block containing the manipulations explained additional variance. Each condition negatively predicted beliefs that Meghan was exaggerating or that she did not experience suicidal ideation. This suggests that participants in the control condition were more likely to believe that Meghan did not experience suicidal ideation or that she was exaggerating about it. Any news coverage about the disclosure resulted in a decrease in these beliefs.

Conclusion

In sum, the second study investigated the effects of exposure to different news frames about Meghan's disclosure of suicidal ideation. Results indicated limited direct effects. However, when audience involvement measures (identification and PSR) were taken into account, results revealed significant decrease in suicidality as well as an increase in help-seeking behavioral intentions. Next, Chapter 7 provides a general discussion of both studies and the key implications and takeaways from this dissertation.

CHAPTER 7: GENERAL DISCUSSION, LIMITATIONS, AND CONCLUSION

In this chapter, I review general results for both Study 1 and Study 2. Detailed results sections for both studies are available in Chapter 5 and Chapter 6, respectively. To briefly recap, the goal of this dissertation was to examine Meghan Markle's disclosure of suicidal ideation, both in the news and as it was originally disclosed in an interview. To do so, I completed two studies analyzing effects of exposure to both media types. Study 1 investigated effects of viewing the interview where Meghan disclosed suicidal ideation, using narrative transportation as a theoretical basis. Study 2 examined the effects of exposure to news stories about Meghan's disclosure using framing theory and the Papageno effect. The discussion is organized largely by major findings, starting with suicidality, moving to hope, then to help-seeking and finally to stigma. I then discuss the importance of identification and PSR to media effects. Finally, I cover limitations to this dissertation and future directions for research.

Main Results

Suicidality

First, and perhaps most importantly, there were no differences in mean suicidality in Study 1 (between interview and control) or Study 2 (between news conditions and control). Although this is a null finding, it is supported by extant literature. Not all Papageno stories result in a reduction in suicidality (Sisask & Värnik, 2012). For instance, in a meta-analysis of Papageno effect stories, Sisak and Värnik (2012) found a lack of firm support in a majority of cases, although a few were significant. However, in a separate meta-analysis conducted 10 years later, researchers found support for Papageno studies (Niederkröthaler et al., 2022). However, in both these analyses, stories of suicide deaths were also considered, in combination with stories

of suicidal ideation, adding to the lack of clarity as to what the Papageno effect actually is. The current research on the Papageno effect is not clear about effectiveness of Papageno stories.

These findings underscore the importance of a unified well-defined and operationalized definition of the Papageno effect. As previously mentioned in Chapter 3, current definitions of the Papageno effect vary depending on the researcher, including the researchers that developed the original concept (Niederkrötenhaller et al., 2010; Niederkrötenhaller et al., 2022). The lack of a standardized definition of the Papageno effect makes interpretation of results difficult, as these results could be evidence that the Papageno effect did not occur, *or* it could be evidence that these stories are not Papageno effect stories. Without a clear definition, firm conclusions cannot be drawn either way.

One explanation for the null findings in suicidality could be due to the fact that this was a one-time exposure, not repeated exposure, which is thought to be influential in determining effects (Niederkrötenhaller et al., 2010). In other words, repeated exposure to the interview or news stories could have a cumulative effect overall, which is not seen in a one-time exposure. Additionally, Myrick et al. (2024) argue that not all celebrity disclosures result in effects, supporting the null findings. Finally, it should be acknowledged that this null finding is positive inasmuch that none of the conditions resulted in higher levels of suicidality.

Despite no mean differences in suicidality, various audience involvement processes (i.e., transportation, PSR, identification) predicted a decrease in suicidality. This finding was clear in both studies; these audience involvement processes have a protective effect on suicidality. Furthermore, this suggests that although there may be no direct effect on suicidality from Papageno-type stories, participants who identify with mediated figures, have a PSR with mediated figures, or are transported by a narrative will reduce suicidality. This is an important

finding that can allow for further targeting and audience segmentation of at-risk groups through identification, PSR, and transportation. Future research into the Papageno effect should investigate beyond direct effects and more into how audience involvement processes reduce suicidality.

The current literature on the Papageno effect only takes identification into consideration. The results from these two studies highlight how other audience involvement processes beyond identification may function with the Papageno effect, particularly in the cases of narratives, theoretically extending the Papageno effect. In the first study, although both identification and transportation predicted a decrease in suicidality, transportation accounted for more variance and was a stronger predictor. These findings underscore how transportation may be more influential than identification in the case of suicidal ideation narratives. These findings are not only theoretically important, but practically they provide guidance to extant suicide prevention campaigns and studies. Indeed, many suicide prevention campaigns are turning to storytelling and narratives as a means to reduce suicide (Tucker et al., 2022). For example, the 988 suicide prevention lifeline has an entire page on its website filled with personal stories of hope and recovery (988 Suicide and Crisis Lifeline, n.d.). The findings from this dissertation, particularly the findings with narrative transportation and the importance of transportation, can help inform these efforts.

In review, the results from both studies did not indicate any direct effects from exposure on suicidality. However, when various audience involvement measures were considered, there was a significant reduction in suicidality. The results stress the importance of measuring and using audience involvement processes in future research. Additionally, these results highlight the

current problems with how the Papageno effect is conceptualized and operationalized in research. Next, I discuss hope and the implications about hope from both studies.

Hope

Hope is hypothesized to be an important element within the Papageno effect (Niederkrötenhaler et al., 2022). Indeed, Niederkrötenhaler et al. (2022) in their most recent meta-analysis examining the Papageno effect, asserted that stories of hope and recovery are the core element that result in a decrease in suicides. Despite this, to the best of my knowledge, no Papageno study has investigated hope as an outcome. To fill this gap, I measured hope as an outcome to exposure to suicide messaging. Results indicated no significant difference between conditions and control in either study.

Although the suicide prevention literature, in the context of the Papageno effect, is relatively silent on this topic, the celebrity disclosure literature largely states that media messages lead to emotional outcomes. In this case, hope is the emotional outcome. The lack of findings may be due to the measurement and operationalization of hope used for this study. The theoretical underpinnings of hope for this study came from Snyder's (1991) hope theory, which has been used widely in suicide research (e.g., Davidson et al., 2010; Davidson & Wingate, 2011; Grewal & Porter, 2007; Hollingsworth et al., 2016; Kwon et al., 2015; Ropaj, 2013). However, in contrast with the suicide literature, in the celebrity and communication field, Lazarus's (1991) understanding of hope have been adopted (e.g., Myrick, 2017; Myrick, 2019; Myrick & Willoughby, 2021; Nabi & Myrick, 2019).

Adding to the differences, much of the current celebrity health disclosure literature which measures emotional responses uses self-report data. For example, Nabi and Myrick (2019) measured hope by asking participants to quantify how much emotions participants experienced

after viewing, providing participants with a different list of emotions (hopeful, optimistic, encouraged) that the researchers then combined to represent hope. In contrast, the scale I used does not rely on a participant identifying and quantifying the amount of emotion they feel in response. The trait hope scale that I utilized, developed and validated by Snyder and colleagues (1996), asks questions that, together, form a hope score. This scale does not ask directly “how much hope” does a person feel. Instead, it uses latent measurement of different elements of hope that come together to reflect a total hope score. The different approach that I took in measuring hope may explain my differences in results. Self-report data is inherently biased and using self-reported feelings of hope relies on an individual conception of hope, which may not be the same across all participants. As such, the results for questions like “how much hope do you feel” may be biased depending on individual conceptions of hope. By using a standardized scale of hope that does not rely on individual conceptions of hope, this unifies the variable so that every participant is measured using the same criteria of hope. Therefore, these null findings which contrasts with the celebrity hope literature, may be indicative of a lack of hope inspired, or the scale used to measure hope.

However, as with suicidality, audience involvement processes significantly predicted increases in hope. In the first study, hope was predicted by transportation and identification, and in Study 2, hope was predicted by identification. This again calls for a more nuanced approach in studying suicide messaging in the media, particularly Papageno-effect stories. The null findings of a direct increase in hope, without the probing into identification and transportation, could lead to the mistaken conclusion that hope does not function in the Papageno effect. However, when results are analyzed beyond base comparisons to include mediators, like identification and transportation, results with hope are significant.

The findings also suggest that there is something unique about hope compared to suicidality and help-seeking intentions. Results from models in Study 1 pertaining to hope reveal that transportation and identification work in tandem. Whereas in other models transportation largely took over, eliminating identification as a mediator. In the hope models, transportation and identification serially mediated effects. One explanation for these differences in findings comes from the differences in outcome variable type. In the original E-TIM, Van Laer (2014) asserts that the E-TIM leads to cognitive, attitudinal, belief, affective, and behavioral responses. Suicidality can be best conceptualized as a cognitive response, help-seeking intentions represent a behavioral response, and hope as an affective response. These results suggest that affective outcomes may function differently than cognitive and behavioral outcomes. Future research is necessary to investigate how hope functions in a suicidal ideation narrative.

Despite this, the news stories had no effects on feelings of hope whereas they did have effects on perceptions of message hopefulness. This suggests that perhaps targeting messages to be perceived as hopeful may have the same protective effect as feelings of hope itself, although to a lesser extent. This is an important finding for future studies on the Papageno effect. A message may not necessarily need to inspire hope, but rather be perceived as hopeful.

In sum, there were no mean differences in either study between conditions and participant's feeling of hope. This could be due to measurement of hope used in this study, which differs from measurement used in other research in celebrity disclosure but is in line with suicide literature measurement. Audience involvement processes like transportation and identification were significantly linked to an increase in hope, calling for more research into how these processes interact and affect emotional outcomes. Finally, perceptions of message hopefulness

were significant in Study 2, indicating that a message may not need to inspire hope, but rather be perceived as hopeful. Next, I discuss the relevant findings pertaining to help-seeking intentions.

Help-Seeking Intentions

There was a significant difference in help-seeking intentions in Study 1, however this was not found in Study 2. Additionally, in Study 1, participants in the control condition were more likely to report intentions to avoid-seeking help compared to the interview condition. Again, this was not found in Study 2. However, it is important to point out that none of the news conditions, nor the interview, resulted in an increase in avoiding help for suicidal ideation. As with suicidality, this null finding for help-avoidance is positive inasmuch that participants were not more likely to avoid help.

These findings suggest that the interview was more influential in promoting help-seeking intentions, compared to the news conditions, although no direct conclusions can be made between the two as the interview and news conditions were not directly tested against each other. These findings provide novel support for the Papageno effect in promoting help-seeking behaviors and, once again, underscore the importance of a unified definition of Papageno-type stories. Indeed, in the latest meta-analysis of Papageno-type stories, Niederkröthaler et al. (2022) could not make any conclusions on Papageno effect stories and help-seeking behaviors. The findings from this study provide empirical support for Papageno-type stories promoting intentions to seek help for suicidal ideation. These results could suggest that the interview is more of a Papageno story compared to the news conditions. However, again, no statistical comparison between the two studies was made, so this interpretation must be considered with that caveat.

Just as audience involvement processes were influential in reducing suicidality and increasing hope, they also affected help-seeking intentions. In Study 1, PSR predicted transportation, which was then linked to an increase in help-seeking intentions. In Study 2, identification significantly predicted help-seeking. Extant research into help-seeking intentions and celebrity suicide have only examined intentions to seek help for depression (Lueck & Poe, 2023). This study extended the current research by providing evidence of help-seeking in the context of suicidal ideation. However, more research is needed to examine the role of identification in help-seeking behaviors for suicidal ideation specifically, not just depression.

Additionally, these findings underscore the utility of combining the celebrity health disclosure literature with the suicide prevention literature. The suicide literature, as stated, largely ignores other audience involvement processes whereas the celebrity health disclosure literature embraces the different forms of audience involvement. However, as found in this dissertation, these additional processes (like transportation) prompt effects, which may be greater than identification. In the case of celebrity suicidal ideation disclosures or suicide deaths, researchers should turn both to suicide literature and celebrity disclosure literature. This finding theoretically extends the Papageno effect and offers insights into how help-seeking behaviors may be targeted in suicide prevention messaging and evaluations of suicide prevention campaigns.

Finally, the results from both studies revealed no significant differences in help perceptions. That is, none of the conditions significantly altered perceptions that participants would receive help in a suicidal crisis if they asked for it. As a null finding, this is usually considered negative. However, as with suicidality and help-avoiding, this is a positive finding. Meghan spoke extensively of being denied help after asking for it in the interview, and this was

reflected in the subsequent news coverage. The results from both studies indicate that although this denial of help was discussed and reported, it did not significantly affect participants own perceptions of help availability.

In sum, results from both studies reveal differences in help-seeking intentions. Study 1 found that participants in the interview condition were more likely to endorse intentions to seek help in a suicidal crisis. However, in Study 2 there was significant difference in help-seeking intentions. As with suicidality, audience involvement processes significantly correlated with an increase in help-seeking behaviors. The findings pertaining to help-seeking theoretically extend the Papageno effect and provide useful evidence for future suicide prevention campaigns and evaluations.

Stigma

The results from Study 1 and Study 2 largely show limited effects on stigma. Direct effects from exposure to the news conditions did not change levels of suicide stigma whereas direct exposure to the interview condition did result in more suicide stigma. Although the interview condition was not tested against the news conditions, this suggests that the interview and news conditions are different in terms of stigma.

The null findings from the news conditions are supported by some literature. Till et al. (2021) found no decrease in stigma towards suicidal individuals after exposure to educational suicide messaging. In a meta-analysis of suicide prevention media campaigns, Pirkis et al. (2019) argued that changing attitudes about suicide (i.e., stigma) is more difficult than changing beliefs. Additionally, Pirkis et al. (2019) found mixed support for suicide prevention media campaigns changing suicide attitudes, which stigma can be conceptualized as. Therefore, these null results

and opposite results are not entirely unexpected. More research is needed to investigate suicide stigma specifically in response to media about suicidal ideation.

The finding that the interview condition increased stigma, rather than decreased, can potentially be explained by the way Meghan spoke about suicidal ideation in the interview itself, which was not necessarily reflected in the news articles. In the interview, Meghan reported how she felt ashamed of needing help and having these thoughts (Sun, 2021). Importantly, she does not say that there was no need for her to have been ashamed and that having suicidal thoughts does not make someone shameful or weak. Other news articles, particularly ones that applied the *suicide as a public health concern* frame highlighted anti-stigma efforts. Again, this was not reflected in the interview itself. This could lead viewers to believe that suicidal ideation is shameful, a component of stigma. This serves to underscore the complexity of suicide messaging in the media.

Another possible explanation for the relative lack of findings comes from the measurement of stigma in this study. Currently, to the best of my knowledge, there are no validated scales that measure the stigma of suicidal ideation opposed to suicide. As discussed in Chapter 2, suicidal ideation and suicide are different things. However, as stigma was measured here, it was measured based on suicide, not suicidal ideation. Therefore, although suicidal ideation and suicide are closely related, this may explain the relative lack of results from stigma. Participants may not have perceived the stigma of suicide to be applicable to Meghan.

Audience Involvement Variables – PSR, Identification, and Transportation

In this dissertation, I measured three different audience involvement measures (PSR, transportation, and identification) that I hypothesized as having different roles and effects on participants. Although these processes have already been previewed in this discussion, below I

provide a brief overview of each one individually, then discuss the combination of these processes together. I begin with a discussion of PSR.

PSR

Although PSR has already been addressed in this discussion, there are a few more findings related to PSR. Despite predicting suicidality and help-seeking intentions in Study 1, PSR had no relationship to susceptibility perceptions about suicidal ideation. This result is contrary to some current literature on celebrity health disclosures (Cohen, 2020; Walter 2022). The difference in my results could be due to the difference between other health concerns and suicide and suicidal ideation. Additionally, in a study examining celebrity disclosure of breast cancer, (Myrick 2018) found no relationship between susceptibility and severity perceptions regarding breast cancer, supporting the null findings. More research is needed to investigate how celebrity health disclosures relate to susceptibility perceptions of suicidal ideation specifically.

The base mean of susceptibility perceptions was already high, indicating an already high level of susceptibility perceptions about suicidal ideation. This indicates that participants perceive people to be highly susceptible to suicidal ideation. Furthermore, the differences in finding can come from the way susceptibility perceptions were measured. In many studies, susceptibility is measured asking if the person themselves are at risk. Given that this study focused on suicidal ideation, this question was changed to a general “people” at risk for IRB purposes and participant safety. This could indicate third-person effects in process, and susceptibility perceptions may be lower if asked participants about themselves. So and Shen’s (2016) research supports this interpretation.

Beyond the null results from PSR and susceptibility perceptions, PSR was influential in other ways. As mentioned previously, in Study 1 PSR was a significant predictor in many effects,

including suicidality and help-seeking. PSR also predicted information-seeking intentions in Study 2, for both information about suicide and suicidal ideation and information about Meghan. However, the results from Study 2 also indicate that PSR is not a predictor of suicidality on its own. Rather, it is a combination of other involvement measures, with PSR as a starting point, that predicted suicidality and help-seeking. Next, I overview the role of transportation in this dissertation.

Transportation

Briefly, transportation was highly significant in the first study. For a detailed discussion of transportation, see Chapters 2 and 5. Transportation was a significant mediator in all models, predicting significant outcomes. Specifically, almost all models, with the exception of hope, ran through transportation solely. These results emphasize the role of transportation in suicide narratives, and the potential protective effect that transportation can have. Next, I briefly overview identification, before turning to a discussion of the combination of these involvement processes.

Identification

Finally, identification was also significant in both studies. The first study revealed that identification comes secondary to transportation in the context of narrative transportation. Additionally, oftentimes transportation, although predictive of identification, was linked to the outcome variables, not identification. However, in the second study, identification was a negative predictor of suicidality and a positive predictor of help-seeking intentions and hope. These results serve to inform future studies on identification in suicide messaging. Next, I discuss the combination of these different audience involvement processes.

Combination of PSR, Identification, and Transportation

Although it is beyond the scope of this dissertation to tease apart the differences between PSR, identification, and transportation, some differences between the three were uncovered in both studies. I will briefly overview them here, but again, an extended discussion is outside the scope of this project. In Study 1, transportation appeared more influential than identification in promoting message effects when the two were used in combination. However, when separate, both identification and transportation predicted significant findings. This suggests that there is something unique about transportation that takes precedence over identification when the two work in combination. Future research is necessary to pull apart the differences between transportation and identification.

Previous researchers have acknowledged the strong relationship between transportation and identification (Tal-Or & Cohen, 2010), which was also found in this dissertation. Some researchers have investigated narratives using both transportation and identification (Vafeiadis et al., 2022), however they analyzed results with transportation and identification separately, not in conjunction. This dissertation provides evidence of transportation and identification in combination, and future research should build off these findings.

The results from Study 1 and Study 2 highlight the importance of PSR in celebrity disclosures of suicidal ideation and narratives. In Study 1, PSR was a significant predictor to suicidality and help-seeking intentions, but not hope. Additionally, significantly PSR predicted transportation each time, as hypothesized. Identification and PSR are commonly paired together in audience involvement processes (Myrick, 2019), however this suggests that PSR should be taken into consideration with narrative transportation as well, supporting my first hypothesis for Study 1. However, it should be noted that the models with PSR as a predictor, nearly all were

fully mediated, meaning that PSR is a reliable predictor for suicidality and help-seeking intentions, but only through the process of transportation or identification. Indeed, this is underscored from the results in Study 2, which suggested that PSR is not a significant predictor of suicidality on its own.

Furthermore, Myrick (2019) called for future research to identify the differences and order of PSR and identification in celebrity health effects research. In this study, I posited PSR as a stable audience characteristic that a participant brings into the mediated encounter. Thus, PSR was measured before the manipulations. In contrast, identification was measured after the manipulations, as it is thought to occur as a consequence of media exposure. This set up provides empirical evidence that PSR affects identification, and that PSR should be measured prior to manipulations as a predictor, not an outcome variable. Finally, Kresovich and Noar (2020) called for future work to identify the differences of PSR and identification and “how they may individually and in combination contribute to the influential effects of celebrity health events” (p. 510). This dissertation provides evidence that PSR and identification function differently, partially answering Kresovich and Noar’s (2020) call. As stated, more research is necessary to critically investigate the differences in these audience involvement measures.

Finally, many studies combine audience involvement variables to represent one, unified audience involvement measure (Myrick et al., 2022; Myrick & Willoughby, 2021; Nisbett & Schartel Dunn, 2021). The results from my dissertation suggest that this may be a problematic practice, as PSR, transportation, and identification, all functioned slightly differently. Additionally, as argued above, there is a lack of understanding in how these audience involvement variables interact (Kresovich & Noar, 2020). This dissertation provides empirical

support that these processes are distinct and calls for future research to critically examine the differences between the processes.

The Role of Race

Race was also an important consideration to this dissertation. As previously discussed several times, race is an understudied area in celebrity health disclosures and in Papageno effect stories. Although race should be considered in every study, race was particularly important in this dissertation given that Meghan is biracial and discussed her experiences of racism in the interview and subsequent news coverage.

Although race was not found to be a significant variable in Study 1, it was in Study 2. Specifically in Study 1, race was positively correlated with suicidality, indicating that White participants were more likely to have higher suicidality compared to Black participants. Additionally, race was negatively correlated with hope, indicating that White participants were more likely to have lower hope scores, compared to Black participants. In the hierarchical regression from Study 2, race was a significant negative predictor in both information-seeking conditions (information-seeking about Meghan and about suicidal ideation), indicating that Black participants were more likely to report intentions to look up both types of information compared to White participants. Additionally, race negatively predicted beliefs that Meghan was exaggerating or that she did not experience suicidal ideation. Again, this suggests that Black participants were less likely than White participants to endorse these beliefs.

Study 1 did not find these same effects from race. This could be due to the lack of significant identification with Meghan from either Black or White participants in Study 1. Identification could be the driver behind the different effects and lack of correlations seen in

Study 1. Additionally, Study 1 did not investigate information-seeking intentions nor perceptions of Meghan's disclosure, which also may explain the lack of significant results.

Results from both studies reveal no significant difference between Black participants and White participants in terms of PSR with Meghan. Some studies have examined race and PSR with celebrities. Bond (2022) found that PSR with a mediated figure was more common when that figure matched gender, race, and age of the participant. However, this differs from my study in an important way. Bond (2022) asked participants to identify their favorite media persona whereas I investigated a specific media persona. This suggests that when asked to pick a favorite mediated figure, people are likely to match age, gender, and race of that figure. However, when asked about a specific media figure, this does not hold true.

However, when it came to identification, Study 1 revealed no significant differences, but Study 2 did. Specifically, in Study 2 Black participants had significantly higher identification scores with Meghan than White participants. This could be due to the content of the interview, compared to the content of the news conditions. In other words, something about Meghan in the interview is unrelatable to Black audiences compared to the news conditions. One possible explanation is the interview set up itself. The interview featured Meghan, being interviewed by Oprah Winfrey, discussing her time as a duchess in the British Royal Family. This is not a relatable circumstance for most people. In contrast, some of the news conditions, specifically the *suicide as a public health concern*, highlighted the connection between Meghan and Black women in general, which could increase identification with Meghan.

Additionally, Study 2 investigated the role of Meghan's perceived racial identity, and how it interacts with PSR and identification. Participants were asked how strongly they perceive Meghan as a certain racial identity (Black woman, White woman, Woman of Color, Biracial

woman). Means for each perceived racial identity on their own indicated that participants most perceived Meghan as a Biracial woman. However, when it came to identification and PSR, participants had the highest levels of identification and PSR with Meghan when she was perceived as a Black woman. One possible interpretation comes from the sample make up for this dissertation. The sample was split between Black participants and White participants, not biracial participants, like Meghan. Therefore, it is possible that Black participants identified more with Meghan when they perceived her as a Black, similar to themselves, leading to the high identification mean.

Finally, racism was also considered in Study 2. Specifically, results from Study 2 showcase that racism positively predicts negative evaluations of Meghan's disclosure, like she was exaggerating or that she did not experience suicidal ideation. Extant literature surrounding celebrity health disclosures has rarely taken racism into consideration when examining audience's perceptions of the disclosure. These findings indicate that racism is an important factor to consider, particularly when the celebrity or mediated figure is a racial minority.

Implications for future research

This dissertation has a number of implications for future research. The most important implications are detailed below.

First, results from both studies highlight the importance of audience involvement processes in analyzing outcomes and promoting effects of suicide media. These processes, with the exception of identification, are rarely evaluated in suicide prevention media campaigns (Pirkis et al., 2019; Torok et al., 2017) and Papageno stories (Neiderkronthaler et al., 2022). However, as demonstrated in both studies, these processes significantly reduced suicidality and increased help-seeking behaviors, which are two important outcomes in suicide prevention media

campaigns and the Papageno effect. Future research into the Papageno effect and suicide prevention media campaigns should consider PSR and transportation as well as identification.

Second, this study has implications for future suicide prevention campaigns in terms of susceptibility and severity perceptions of suicidal ideation. In Study 2, I hypothesized that the *suicide as gossip* frame would affect suicidal ideation severity rating. There were no differences in conditions and suicidal ideation severity ratings, which is supported by some research (Cohen 2020). However, as with susceptibility ratings, severity ratings were high across all conditions, indicating that suicidal ideation is already perceived as severe. Although this is a null finding, it is promising for suicide research that participants are taking suicidal ideation seriously as a severe health issue. Indeed, the fear of dismissal of suicidal feelings is a common barrier keeping people from disclosing suicidal ideation (Sheehan et al., 2019). This finding suggests that participants in this study take suicidal ideation as a serious, severe health threat. Additionally, as discussed above, there was no difference in susceptibility ratings for suicidal ideation as well, and susceptibility ratings were already high. These are important findings for suicide prevention research and campaigns. These findings suggest that there is no need to make suicidal ideation seem severe nor susceptible to audiences; they already have those perceptions in place.

Third, this dissertation underscores the role of hope in suicide prevention messaging. Current suicide prevention campaigns are already embracing hope as a potential means to reduce suicide (Niederkröthaler et al., 2022). The results from these studies add to the current research and provide a possible explanation as to how hope functions in suicide messaging through audience involvement processes. Future research should build off these findings.

Fourth, the results from this dissertation highlight the importance of including race as a variable and demonstrate how race and racism can affect responses to celebrity health

disclosures and suicide messaging. The different results in race's role from Study 1 to Study 2 indicate how race can have different effects in each study. Therefore, race should always be considered, particularly if the celebrity or mediated figure is a racial minority.

Fifth, this dissertation, particularly results from Study 1, provide novel empirical support for Papageno stories positively affecting help-seeking behaviors for suicidal ideation. Current literature on the Papageno effect has not sufficiently demonstrated that these types of messages can lead to help-seeking behaviors. Some literature has found a connection between Papageno stories and help-seeking for depression (Lueck et al., 2023). However as argued previously, that is not the same as seeking help for suicidal ideation. The results from my dissertation provide important support for the Papageno effect leading to help-seeking intentions for suicidal ideation. Furthermore, my study has ecological validity because it is comprised of real-life media messages. This is different from many of the studies involving the Papageno effect, which are RCTs with researcher created materials (Niederkröthaler et al., 2022).

Finally, the results from this study indicate the need for a unified, well-explicated definition of the Papageno effect, including the processes (like identification, transportation, and PSR) which lead to message effects. The results from this dissertation are based on the assumption that the interview and the news stories constitute Papageno stories. However, as discussed thoroughly, this is only an assumption. The extant literature does not adequately define the Papageno effect and what types of stories should prompt results. Therefore, a critical examination into what the Papageno effect is, and how to define it, is needed.

Limitations

As with any study, this dissertation is not without limitations. Although every effort was made to reduce the number of limitations present, some still should be noted and explained.

First, research on identification suggests that people identify with those in similar circumstances to themselves or have similar characteristics to themselves (Cohen, 2018). Identification is defined as “[...] a mechanism through which audience members experience reception and interpretation of the text from the inside, as if the events were happening to them” (Cohen, 2001, p. 245). This has implications for identification with Meghan. Specifically, Meghan was pregnant at the time she experienced suicidal ideation, and she was pregnant again when she disclosed her previous experiences in the Oprah interview. Many of the news articles highlighted that Meghan was pregnant when she experienced suicidal ideation (see Chapter 3). This may lead to people who are pregnant, particularly People of Color, to identify more with Meghan. In other words, people who are experiencing the same circumstances (i.e., pregnancy) may be able to “experience” Meghan’s story as if it was happening to them. However, pregnancy status was not measured in this dissertation due to IRB concerns. Future research is necessary to see how pregnancy status affects identification and suicidality.

Second, this study did investigate race. However, I only looked at comparisons between Black and White participants. This is obviously not representative of all races and ethnicities, which limits the findings. Furthermore, although Meghan is biracial, the sample was still composed of Black participants and White participants. Some of the participants did identify as biracial, but there was not enough power to conduct tests between Biracial participants, Black participants, and White participants. Future research should build off these results and investigate race more thoroughly.

Third, the interview, and subsequent news coverage about the interview, occurred in March of 2021. At the time the data was collected, this was approximately 3 years prior to data collection. Although the design of the study did not depend on previous viewing of the interview,

results may have been different if they were measured directly after disclosure in 2021. Furthermore, the lag in timing could also affect participants' PSR and familiarity with Meghan. It is possible that people had stronger (or weaker) PSRs with Meghan before the interview or directly after, which cannot be accounted for in this study.

Conclusion

In conclusion, suicide and suicidal ideation are a pressing public health concerns which affects millions of people every year. Suicide refers to the intentional, self-inflicted death, whereas suicidal ideation refers to the desire to die or kill oneself. Mediated messages pertaining to both suicide and suicidal ideation have demonstrated negative effects (increase in suicides; Neiderkrotenthaler et al., 2010) and positive effects (decrease in suicidal ideation) on audiences (Niederkrotenthaler et al., 2022). However, there is a gap in current research investigating how celebrity disclosures of suicidal ideation and subsequent news coverage of the disclosure affect audiences. My dissertation fills this gap and examines both how exposure to the initial interview affects individuals (Study 1) and how news coverage affects individuals (Study 2). My results largely support the Papageno effect and theoretically extend the E-TIM. To end this dissertation, I emphasize how the findings from this dissertation can help inform future work on Papageno stories, celebrity health disclosure research, and suicide prevention campaigns.

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APPENDIX A: QUALTRICS SURVEY

Start of Block: Consent

Dear Participant,

If you are an adult between the ages of 18 and 50, and located within the United States, you are invited to participate in a study investigating how celebrity disclosures of mental health conditions are received by audiences. We are doing this study because research has found that celebrity disclosures have positive effects on audiences. My name is Abigail Schneider, and I am a doctoral candidate in the Communication Department at the University of Illinois at Urbana-Champaign. The primary investigator of this study is Dr. Travis Dixon, a professor in the Communication Department at the University of Illinois at Urbana-Champaign.

The goal of this study is to study how celebrity mental health disclosures are understood and effect audience members. Participating in this study will involve being randomized to watch a brief video. Following that, you will answer a series of questions about your feelings and attitudes. Questions include mental health items, like hopelessness and suicidality. Additional questions like your attitudes towards a specific celebrity and reaction to the interview are included. Risks related to this research include potentially feeling uncomfortable. Benefits related to this research include a better understanding of mental health concerns. When you are finished with the study, you will be directed to a form to receive compensation. This study will take approximately 30 minutes to participate in.

Your participation in this study is entirely voluntary and you are free to withdraw consent and exit the study at any time. During the study, you may skip questions or refuse to answer any questions. Choosing not to participate, answer certain questions, or withdrawing from the study will in no way affect you as a participant. However, you must complete the study in order to receive compensation. At the end of the study, you will be redirected to a new link asking for personal identifiable information (name, email). This information is only kept to record who is eligible for compensation. It is in no way tied to your responses from the main study. You will receive \$7 in compensation for completing the study.

Faculty, students, and staff who may see your information will maintain confidentiality to the extent of laws and university policies. The research team working on this project will not receive any names or other personal identifiers. Personal identifiers will not be published or presented. Your data will be kept on a password-protected computer and deidentified.

If you have any further questions about this study please do not hesitate to contact Abigail Schneider at ams19@illinois.edu or Dr. Travis Dixon at tdixon@illinois.edu. If you have any questions about your rights as a research subject, including concerns, complaints, or to offer input, you may call the Office for the Protection of Research Subjects (OPRS) at 217-333-2670 or e-mail OPRS at irb@illinois.edu.

If you have read and understood this consent document and would like to participate, please click the “I consent” button below to provide your consent and continue to the study. You are invited to print this document to keep for your records. If you do not wish to participate, you can click “Exit this survey” which will exit you from this study.

Thank you for your consideration of this study.

I have read the statement above and agree to participate in this study. I affirm that I am between the ages of 18 and 50. Please click the “I consent” box to continue.

consent2 I have read the statement above and agree to participate in this study. I affirm that I am between the ages of 18 and 50. Please click the “I consent” box to continue.

- ☐ I consent
- ☐ I do not consent
- ☐ I am not between the ages of 18-50

Skip To: End of Block If I have read the statement above and agree to participate in this study. I affirm that I am between... = I do not consent

Skip To: End of Block If I have read the statement above and agree to participate in this study. I affirm that I am between... = I am not between the ages of 18-50

End of Block: Consent

Start of Block: Transportability

TransportInstruction The next few questions will ask you about how you feel when reading, watching, or otherwise interacting with a story.

Transable1 How strongly do you agree or disagree with these statements?

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
I can easily envision the events in the story.	☐	☐	☐	☐	☐	☐
I find I can easily lose myself in the story.	☐	☐	☐	☐	☐	☐
I find it difficult to tune out activity around me.	☐	☐	☐	☐	☐	☐
I can easily envision myself in the events described in a story.	☐	☐	☐	☐	☐	☐
I get mentally involved in the story.	☐	☐	☐	☐	☐	☐

Transable2 How strongly do you agree or disagree with these statements?

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
I can easily put stories out of my mind after I've finished reading them.	☐	☐	☐	☐	☐	☐
I sometimes feel as if I am part of the story.	☐	☐	☐	☐	☐	☐
I am often impatient to find out how the story ends.	☐	☐	☐	☐	☐	☐
I find that I can easily take the perspective of the character(s) in the story.	☐	☐	☐	☐	☐	☐
I am often emotionally affected by what I've read.	☐	☐	☐	☐	☐	☐

Transable3 How strongly do you agree or disagree with these statements?

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
I have vivid images of the characters.	☐	☐	☐	☐	☐	☐
I find myself accepting events that I might have otherwise considered unrealistic.	☐	☐	☐	☐	☐	☐
I find myself thinking what the characters may be thinking.	☐	☐	☐	☐	☐	☐
I find myself thinking of other ways the story could have ended.	☐	☐	☐	☐	☐	☐
My mind often wonders.	☐	☐	☐	☐	☐	☐

Transable4 How strongly do you agree or disagree with these statements?

	Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
I find myself feeling what the characters may feel.	☐	☐	☐	☐	☐	☐
I find that events in the story are relevant to my everyday life.	☐	☐	☐	☐	☐	☐
I often find that reading stories has an impact on the way I see things.	☐	☐	☐	☐	☐	☐
I easily identify with characters in the story.	☐	☐	☐	☐	☐	☐
I have vivid images of the events in the story.	☐	☐	☐	☐	☐	☐

End of Block: Transportability

Start of Block: Suicide Experiences

SIDefine In this study, suicide and suicidal ideation will be asked about. Suicide refers to the intentional killing of oneself. Suicidal ideation refers to thinking about or desiring to kill oneself. Suicidal ideation often refers to thoughts like “I wish I was dead” or “I want to kill myself.”

Exit These next few questions are going to ask about suicide and suicidal ideation. If at any time you feel uncomfortable, please exit the survey. Confidential help is available through the National Suicide Prevention Lifeline at 800-273-8255 or online at <https://suicidepreventionlifeline.org/talk-to-someone-now/>

☐ Continue Study

☐ Exit Study

Skip To: End of Block If These next few questions are going to ask about suicide and suicidal ideation. If at any time you... = Exit Study

Page Break

SuicFam The following questions ask about your experiences with suicide and suicidal ideation.

	Yes, several people	Yes, one person	No, nobody	Prefer not to answer
I know someone who died by suicide.	☐	☐	☐	☐
Someone close to me has died by suicide.	☐	☐	☐	☐
I know someone who has experienced suicidal ideation.	☐	☐	☐	☐

SIPersonal I have experienced suicidal ideation.

- ☐ Yes, several times
- ☐ Yes, one time
- ☐ No
- ☐ Prefer not to answer

End of Block: Suicide Experiences

Start of Block: Racism Alternate

RaceInstruct Now, we are interested in racial attitudes. Please carefully read the following statements.

MRS1 How strongly do you agree or disagree with these statements?

	Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to Answer
Discrimination against Blacks is no longer a problem in the United States.	☐	☐	☐	☐	☐	☐
It is easy to understand the anger of Black people in America.	☐	☐	☐	☐	☐	☐
Blacks have more influence upon school desegregation plans than they ought to have.	☐	☐	☐	☐	☐	☐

MRS2 How strongly do you agree or disagree with these statements?

	Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
Blacks are getting too demanding in their push for equal rights.	☐	☐	☐	☐	☐	☐
Blacks should not push themselves where they are not wanted.	☐	☐	☐	☐	☐	☐
Over the past few years, Blacks have gotten more economically than they deserve.	☐	☐	☐	☐	☐	☐
Over the past few years, the government and news media have shown more respect to Blacks than they deserve.	☐	☐	☐	☐	☐	☐

End of Block: Racism Alternate

Start of Block: Racial Animus

RaceAn1 Please answer the following questions.

More and
more, Blacks
use
accusations of
racism for
their own
advantage.



Page Break

RaceAn2 Please answer the following questions.

[illegible]

RaceAn3 Please answer the following questions.

[illegible]

End of Block: Racial Animus

Start of Block: Familiarity

MegExplain The next few questions will ask you about Meghan Markle. Meghan Markle is a former TV actor. In 2018, Meghan married Prince Harry from the British Royal Family.

MegFam How familiar are you with Meghan Markle?

- ☐ Not familiar at all
 - ☐ Slightly familiar
 - ☐ Very familiar
 - ☐ Refuse to answer
-

MegDoc Prince Harry and Meghan Markle released a documentary on Netflix. Have you watched this documentary?

- ☐ No, none of it
 - ☐ Some of it
 - ☐ Yes, all of it
 - ☐ Refuse to answer
-

MegNews How often do you read news about Meghan Markle?

- ☐ Not often at all
- ☐ Somewhat often
- ☐ Often
- ☐ Refuse to answer

Page Break

MegSM Do you follow Meghan Markle or Meghan Markle related accounts on social media?

- ☐ Yes
 - ☐ Unsure
 - ☐ No
 - ☐ Refuse to answer
-

MegSeek How often do you seek out news about Meghan Markle?

- ☐ Not often at all
 - ☐ Somewhat often
 - ☐ Often
 - ☐ Refuse to answer
-

Page Break

MegOprah Have you seen Meghan Markle and Prince Harry's 2021 Oprah Winfrey interview before?

- ☐ No, none of it
 - ☐ Yes, some of it
 - ☐ Yes, all of it
 - ☐ Refuse to answer
-

BRFFam How familiar are you with the British Royal Family?

- ☐ Not familiar at all
 - ☐ Slightly familiar
 - ☐ Very familiar
 - ☐ Refuse to answer
-

Page Break

BRFHear How often do you hear about the British Royal Family?

- ☐ Not often at all
 - ☐ Somewhat often
 - ☐ Often
 - ☐ Refuse to answer
-

MegHear Had you heard about Meghan Markle before she married Prince Harry?

- ☐ No, not at all
 - ☐ Yes, somewhat
 - ☐ Yes, a lot
 - ☐ Refuse to answer
-

Page Break

MegPod Do you listen to Meghan Markle's podcast, Archetypes?

- ☐ No, not at all
 - ☐ Yes, some of it
 - ☐ Yes, all of it
 - ☐ Refuse to answer
-

HarryBook Have you read or listened to Prince Harry's book, Spare?

- ☐ No, none of it
 - ☐ Yes, some of it
 - ☐ Yes, all of it
 - ☐ Refuse to answer
-

Page Break

SuitsFreq Thinking about the TV show, Suits, please indicate how frequently you watch it.

- ☐ I have never watched Suits
- ☐ I have seen Suits, but I rarely watch it
- ☐ I watch Suits occasionally
- ☐ I often watch Suits
- ☐ I have seen most, if not all, episodes of Suits
- ☐ Refuse to answer



SuitsHours Thinking on your TV viewing in a typical week (7 days), how many hours do you spend watching the TV show, Suits?

End of Block: Familiarity

Start of Block: Parasocial Relationship

ParaInstruct The next few questions will ask you about Meghan Markle.

ParaRel1 How strongly do you agree or disagree with these statements?

[illegible]

Sometimes,
I wish I
could ask
Meghan
Markle for
advice.



Page Break

ParaRel2 How strongly do you agree or disagree with these statements?

	Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
I think Meghan Markle could be a friend of mine.	☐	☐	☐	☐	☐	☐
I find Meghan Markle very attractive physically.	☐	☐	☐	☐	☐	☐
I think Meghan Markle is quite pretty.	☐	☐	☐	☐	☐	☐
Meghan Markle is very sexy looking.	☐	☐	☐	☐	☐	☐
Meghan Markle fits my ideal standard of physical beauty.	☐	☐	☐	☐	☐	☐

ParaRel4 How strongly do you agree or disagree with these statements?

	Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
I adore Meghan Markle.	☐	☐	☐	☐	☐	☐
I idealize Meghan Markle.	☐	☐	☐	☐	☐	☐
I would be able to count on Meghan Markle in times of need.	☐	☐	☐	☐	☐	☐
I would give Meghan Markle emotional support.	☐	☐	☐	☐	☐	☐
Meghan Markle would be able to count on me in times of need.	☐	☐	☐	☐	☐	☐

ParaRel5 How strongly do you agree or disagree with these statements?

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
I would be willing to share my possessions with Meghan Markle.	☐	☐	☐	☐	☐	☐
I could trust Meghan Markle completely.	☐	☐	☐	☐	☐	☐
I could have a warm relationship with Meghan Markle.	☐	☐	☐	☐	☐	☐
I want to promote the well-being of Meghan Markle.	☐	☐	☐	☐	☐	☐

End of Block: Parasocial Relationship

Start of Block: Block 32

Q126 Please watch the following video. You will need to watch the entire video.

End of Block: Block 32

Start of Block: Manips

Page Break

Manip1

Page Break

Manip2

Page Break

Manip3

Page Break

Manip4

Page Break

Control

End of Block: Manips

Start of Block: Attention Check

AttCheck1 You just watched a video. What was the video about?

- ☐ Meghan Markle
- ☐ Aliens
- ☐ The Queen
- ☐ Taylor Swift
- ☐ Don't Know
- ☐ Refuse to answer

End of Block: Attention Check

Start of Block: Interview Reactions

ReactOE What is your general impression of the video you just watched?

Page Break

ReactHope Thinking about the video that you just watched, how hopeful would you rate it?

	Not at all hopeful	Somewhat hopeful	Very hopeful	Refuse to answer
How hopeful...	☐	☐	☐	☐

ReactDepress Thinking about the video that you just watched, how depressing would you rate it?

	Not at all depressing	Somewhat depressing	Very depressing	Refuse to answer
How depressing...	☐	☐	☐	☐

End of Block: Interview Reactions

Start of Block: Hope

Hope1 Please take a few moments to focus on yourself and what is going on in your life at this moment. Once you have this "here and now" set, go ahead and answer each item according to

the following scale.

	Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
If I should find myself in a jam, I could think of many ways to get out of it.	☐	☐	☐	☐	☐	☐
At the present time, I am energetically pursuing my goals.	☐	☐	☐	☐	☐	☐
There are lots of ways to get around any problem I am facing right now.	☐	☐	☐	☐	☐	☐

Hope2 Please take a few moments to focus on yourself and what is going on in your life at this moment. Once you have this "here and now" set, go ahead and answer each item according to the following scale.

	Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
Right now I see myself as being pretty successful.	☐	☐	☐	☐	☐	☐
I can think of many ways to reach my current goals.	☐	☐	☐	☐	☐	☐
At this time, I am meeting the goals that I have set for myself.	☐	☐	☐	☐	☐	☐

End of Block: Hope

Start of Block: Hopelessness (long form)

[illegible]

Hopeless1 How strongly do you agree or disagree with these statements?

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
I might as well give up because I can't make things better for myself.	☐	☐	☐	☐	☐	☐
I can't imagine what my life would look like in 10 years.	☐	☐	☐	☐	☐	☐
My future seems dark to me.	☐	☐	☐	☐	☐	☐
I just don't get the breaks and there's no reason to believe I will in the future.	☐	☐	☐	☐	☐	☐
All I can see ahead of me is unpleasantness rather than pleasantness.	☐	☐	☐	☐	☐	☐

Hopeless4 How strongly do you agree or disagree with these statements?

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
I expect to get more of the good things in life than the average person.	☐	☐	☐	☐	☐	☐
My past experiences have prepared me well for my future.	☐	☐	☐	☐	☐	☐
When I look ahead to the future, I expect I will be happier than I am now.	☐	☐	☐	☐	☐	☐
I have great faith in the future.	☐	☐	☐	☐	☐	☐
I can look forward to more good times than bad times.	☐	☐	☐	☐	☐	☐

Hopeless2 How strongly do you agree or disagree with these statements?

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
I don't expect to get what I really want.	☐	☐	☐	☐	☐	☐
Things just won't work out the way I want them to.	☐	☐	☐	☐	☐	☐
I never get what I want so it's foolish to want anything.	☐	☐	☐	☐	☐	☐
It is very unlikely that I will get any real satisfaction in the future.	☐	☐	☐	☐	☐	☐
The future seems vague and uncertain to me.	☐	☐	☐	☐	☐	☐

End of Block: Hopelessness (long form)

Start of Block: Disclaimer

Disclaimer These next few questions are going to ask about suicide and suicidal ideation. If at any time you feel uncomfortable, please exit the survey. Confidential help is available through

the National Suicide Prevention Lifeline at 800-273-8255 or online at <https://suicidepreventionlifeline.org/talk-to-someone-now/>

- ☐ Continue Study
- ☐ Exit Study

Skip To: End of Block If These next few questions are going to ask about suicide and suicidal ideation. If at any time you... = Exit Study

End of Block: Disclaimer

Start of Block: Survival and Coping Beliefs

SurCope1 How strongly do you agree or disagree with these statements?

[illegible]

SurCope2 How strongly do you agree or disagree with these statements?

	Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
I want to experience all that life has to offer and there are many experiences I haven't had yet which I want to have.	☐	☐	☐	☐	☐	☐
I believe everything has a way of working out for the best.	☐	☐	☐	☐	☐	☐
I believe I can find a purpose in life, a reason to live.	☐	☐	☐	☐	☐	☐
I have a love life.	☐	☐	☐	☐	☐	☐
No matter how badly I feel, I know that it will not last.	☐	☐	☐	☐	☐	☐

SurCope3 How strongly do you agree or disagree with these statements?

	Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
Life is too beautiful and precious to end it.	☐	☐	☐	☐	☐	☐
I am happy and content with my life.	☐	☐	☐	☐	☐	☐
I am curious about what will happen in the future.	☐	☐	☐	☐	☐	☐
I see no reason to hurry death along.	☐	☐	☐	☐	☐	☐
I believe I can learn to adjust or cope with my problems.	☐	☐	☐	☐	☐	☐

SurCope4 How strongly do you agree or disagree with these statements?

	Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
I believe killing myself would not really accomplish or solve anything.	☐	☐	☐	☐	☐	☐
I have a desire to live.	☐	☐	☐	☐	☐	☐
I am too stable to kill myself.	☐	☐	☐	☐	☐	☐
I have future plans I am looking forward to carrying out.	☐	☐	☐	☐	☐	☐

SurCope5 How strongly do you agree or disagree with these statements?

	Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
I do not believe that things get miserable or hopeless enough that I would rather be dead.	☐	☐	☐	☐	☐	☐
I do not want to die.	☐	☐	☐	☐	☐	☐
Life is all we have and is better than nothing.	☐	☐	☐	☐	☐	☐
I believe I have control over my life and destiny.	☐	☐	☐	☐	☐	☐

End of Block: Survival and Coping Beliefs

Start of Block: Help Seeking

Q120 The next few questions ask you about suicidal ideation. As a reminder, suicidal ideation is the desire to die, or kill yourself. Suicidal ideation often refers to thoughts like “I wish I was dead” or “I want to kill myself.”

HelpSeek3 If you were having suicidal ideations (suicidal thoughts) how likely is it that you would seek help from the following people?

	Not all all likely	Somewhat unlikely	Neither likely nor unlikely	Somewhat likely	Extremely likely	Refuse to answer
Pastor/priest	☐	☐	☐	☐	☐	☐
I would not seek help	☐	☐	☐	☐	☐	☐

GenHelp If you were having suicidal ideations, how likely is it that you would reach out to anyone?

- ☐ Not likely at all
- ☐ Somewhat unlikely
- ☐ Neither likely nor unlikely
- ☐ Very Likely
- ☐ Extremely likely
- ☐ Prefer not to answer

Page Break

Q129 How much do you agree or disagree with the following statement?

HelpPercep If I asked for help with suicidal thoughts, I would receive help.

- ☐ Strongly Disagree
- ☐ Somewhat Disagree
- ☐ Neither Agree nor Disagree
- ☐ Somewhat Agree
- ☐ Strongly Agree
- ☐ Prefer not to answer

End of Block: Help Seeking

Start of Block: Self Stigma

SelfStig1 The following questions will ask about how you feel you would be treated if you experienced suicidal ideation. Suicidal ideation is when you have thoughts or the desire to end your life.

People close
to me will
not want to
talk about
my suicidal
thoughts or
behavior
and will try
to ignore
them.



Page Break

StelfStig2 The following questions will ask about how you feel you would be treated if you experienced suicidal ideation. Suicidal ideation is when you have thoughts or the desire to end your life.

Because of
my suicidal
thoughts or
behavior, I
feel nobody
could
admire me
for anything
I ever do.



Page Break

SelfStig3 The following questions will ask about how you feel you would be treated if you experienced suicidal ideation. Suicidal ideation is when you have thoughts or the desire to end your life.

	Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
Because of my suicidal thoughts or behavior, I doubt I will ever be normal again.	☐	☐	☐	☐	☐	☐
Because of my suicidal thoughts or behavior, I feel useless.	☐	☐	☐	☐	☐	☐
I blame myself for my suicidal thoughts or behavior.	☐	☐	☐	☐	☐	☐

SelfStig4 The following questions will ask about how you feel you would be treated if you experienced suicidal ideation. Suicidal ideation is when you have thoughts or the desire to end your life.

	Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
I feel less confident in my abilities because of my suicidal thoughts or behavior.	☐	☐	☐	☐	☐	☐
I feel like a burden for my family and friends because of my suicidal thoughts or behavior.	☐	☐	☐	☐	☐	☐
I feel like a failure because of my suicidal thoughts or behavior.	☐	☐	☐	☐	☐	☐

End of Block: Self Stigma

Start of Block: General Stigma

GenStig1 Using the scale below, please rate how much you agree with the descriptions of people who take their own lives (suicide). In general, people who die by suicide are...

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
Pathetic	☐	☐	☐	☐	☐	☐
Shallow	☐	☐	☐	☐	☐	☐
Immoral	☐	☐	☐	☐	☐	☐
An embarrassment	☐	☐	☐	☐	☐	☐
Irresponsible	☐	☐	☐	☐	☐	☐

GenStig2 Using the scale below, please rate how much you agree with the descriptions of people who take their own lives (suicide). In general, people who die suicide are...

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
Stupid	☐	☐	☐	☐	☐	☐
Cowardly	☐	☐	☐	☐	☐	☐
Vengeful	☐	☐	☐	☐	☐	☐
Lonely	☐	☐	☐	☐	☐	☐
Isolated	☐	☐	☐	☐	☐	☐

GenStig3 Using the scale below, please rate how much you agree with the descriptions of people who take their own lives (suicide). In general, people who die suicide are...

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
Lost	☐	☐	☐	☐	☐	☐
Disconnected	☐	☐	☐	☐	☐	☐
Strong	☐	☐	☐	☐	☐	☐

End of Block: General Stigma

SevSI The following questions ask about suicidal ideation. As a reminder, suicidal ideation is thoughts or the desire to kill oneself.

End of Block: SevSI

Start of Block: SusSI

SusSI The following questions ask suicidal ideation. As a reminder, suicidal ideation is thoughts or the desire to kill oneself.

	Strongly disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
People are at risk for experiencing suicidal ideation.	☐	☐	☐	☐	☐	☐
It is likely that people will experience suicidal ideation.	☐	☐	☐	☐	☐	☐
It is possible that people will experience suicidal ideation.	☐	☐	☐	☐	☐	☐

End of Block: SusSI

Start of Block: Information Seeking

InfoSeek How likely is it that you will search for information about suicide or suicidal ideation in the future?

- ☐ Extremely unlikely
- ☐ Somewhat unlikely
- ☐ Neither likely nor unlikely
- ☐ Somewhat likely
- ☐ Extremely likely
- ☐ Refuse to answer

Page Break

MegSeek How likely is it that you will search for information about Meghan Markle in the future?

- ☐ Extremely Unlikely
 - ☐ Somewhat Unlikely
 - ☐ Neither likely nor unlikely
 - ☐ Somewhat Likely
 - ☐ Extremely Likely
 - ☐ Refuse to answer
-

WebSeek Estimate your likelihood of using the Web to search for information about suicide or suicidal ideation in the future.

- ☐ Extremely unlikely
 - ☐ Somewhat unlikely
 - ☐ Neither likely nor unlikely
 - ☐ Somewhat likely
 - ☐ Extremely likely
 - ☐ Refuse to answer
-

PastSeek Have you ever used the Internet to look for advice or information about suicide or suicidal ideation?

- ☐ Yes
- ☐ No
- ☐ Refuse to answer

End of Block: Information Seeking

Start of Block: Suicide Knowledge

SuiKnow1 Please answer the following questions.

	True	Don't Know	False	Refuse to answer
Very few people have thoughts about suicide.	☐	☐	☐	☐
If assessed by a psychiatrist, everyone who dies by suicide would be diagnosed as depressed.	☐	☐	☐	☐
People who talk about suicide rarely kill themselves.	☐	☐	☐	☐
Talking about suicide will always increase the risk of suicide.	☐	☐	☐	☐
People who have thoughts of suicide should not tell others about it.	☐	☐	☐	☐

End of Block: Suicide Knowledge

Start of Block: Debrief

Debrief The questions you just answered were about suicide and suicidal ideation. If you feel like speaking to someone about the contents of these questions, confidential help is available through the National Suicide Prevention Lifeline at 800-273-8255 or online at <https://suicidepreventionlifeline.org/talk-to-someone-now/>

☐ Continue Study

☐ Exit Study

Skip To: End of Block If The questions you just answered were about suicide and suicidal ideation. If you feel like speaki... = Exit Study

End of Block: Debrief

Start of Block: Empathy

Empathy1 Thinking about the video you watched, answer the following questions.

End of Block: Empathy

Start of Block: Transportation

Transport1 Thinking about the video you just watched, answer the following questions.

[illegible]

Transport2 How strongly do you agree or disagree with these statements?

	Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
After watching the video, I found it easy to put out of my mind.	☐	☐	☐	☐	☐	☐
I wanted to learn how the video ended.	☐	☐	☐	☐	☐	☐
The video affected me emotionally.	☐	☐	☐	☐	☐	☐
Select "Somewhat Agree"	☐	☐	☐	☐	☐	☐
I found myself thinking of ways the video could have turned out differently.	☐	☐	☐	☐	☐	☐

Skip To: End of Block If How strongly do you agree or disagree with these statements? != Select "Somewhat Agree" [Somewhat agree]

Transport3 How strongly do you agree or disagree with these statements?

	Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
I found my mind wondering while watching the video.	☐	☐	☐	☐	☐	☐
The events in the video are relevant to my everyday life.	☐	☐	☐	☐	☐	☐
The events in the video have changed my life.	☐	☐	☐	☐	☐	☐

End of Block: Transportation

Start of Block: Identification

Id1 Thinking about the video you watched, answer the following questions.

	Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
While viewing the video, I felt as if I was a part of the action.	☐	☐	☐	☐	☐	☐
While viewing the video, I forgot myself and was fully absorbed.	☐	☐	☐	☐	☐	☐
I was able to understand the events of the video in a manner similar to that in which Meghan understood them.	☐	☐	☐	☐	☐	☐
I think I have a good understanding of Meghan.	☐	☐	☐	☐	☐	☐
I tend to understand the reasons why Meghan does what she does.	☐	☐	☐	☐	☐	☐

[illegible]

End of Block: Identification

Start of Block: Reception Closed-Ended

Recep1 How strongly do you agree or disagree with these statements?

	Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
I believe Meghan Markle experienced suicidal ideation.	☐	☐	☐	☐	☐	☐
I trust that Meghan Markle is telling the truth about her experience with suicidal ideation.	☐	☐	☐	☐	☐	☐
Meghan Markle's experience with suicidal ideation seems plausible.	☐	☐	☐	☐	☐	☐

Recep2 How strongly do you agree or disagree with these statements?

	Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
Meghan Markle was exaggerating about her experience with suicidal ideation.	☐	☐	☐	☐	☐	☐
Meghan Markle did not experience suicidal ideations.	☐	☐	☐	☐	☐	☐
Meghan Markle's experience of suicidal ideation is serious.	☐	☐	☐	☐	☐	☐

End of Block: Reception Closed-Ended

Start of Block: Attitude

Att1 The next set of questions ask you about your opinions about Meghan Markle. Thinking about Meghan Markle, do you think she is...

	Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
Honest	☐	☐	☐	☐	☐	☐
Trustworthy	☐	☐	☐	☐	☐	☐
Loyal	☐	☐	☐	☐	☐	☐
Weak	☐	☐	☐	☐	☐	☐

Att2 Thinking about Meghan Markle, do you think she is...

	Strongly Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Strongly agree	Refuse to answer
Attention-Seeking	☐	☐	☐	☐	☐	☐
Nice	☐	☐	☐	☐	☐	☐
Influential	☐	☐	☐	☐	☐	☐
Dramatic	☐	☐	☐	☐	☐	☐
High Maintenance	☐	☐	☐	☐	☐	☐

End of Block: Attitude

Start of Block: Meghan's Identity

MegIdentityPrompt The next few questions ask you about Meghan Markle's identity.

MegIdentity1 People identify themselves in many different ways. Some aspects of our identities are more salient than others. Thinking about Meghan Markle, how applicable is the identity of...

	Not at all applicable	Somewhat applicable	Very applicable	Refuse to answer
Mother	☐	☐	☐	☐
Woman of Color	☐	☐	☐	☐
Biracial Woman	☐	☐	☐	☐

MegIdentity2 People identify themselves in many different ways. Some aspects of our identities are more salient than others. Thinking about Meghan Markle, how applicable is the identity of...

	Not at all applicable	Somewhat applicable	Very applicable	Refuse to answer
Black Woman	☐	☐	☐	☐
British Royal	☐	☐	☐	☐
Woman	☐	☐	☐	☐
White Woman	☐	☐	☐	☐

End of Block: Meghan's Identity

Start of Block: Meghan's Identity Open Ended

MegIdentityOE What identities do you think Meghan Markle has? Identities can range from ethnic and racial groups to gender identification.

End of Block: Meghan's Identity Open Ended

Start of Block: Demographics

Q97 Finally, we would like to ask you some questions about yourself.

Race Which one or more of the following would you say is your race?

- ☐ American Indian or Alaska Native
 - ☐ Asian
 - ☐ Black or African American
 - ☐ Multi-racial
 - ☐ Native Hawaiian or Pacific Islander
 - ☐ White
 - ☐ Other (Please Specify)
-
- ☐ Prefer not to answer
-

Hispanic Are you Hispanic, Latino/a, or Spanish in origin?

- ☐ Hispanic
- ☐ Not Hispanic
- ☐ Prefer not to answer

Page Break

RacialID People identify themselves in many ways. Race is one identity that people have. How much would you rate your racial identity as important to your sense of self?

	Not at all important	Slightly important	Moderately important	Very important	Extremely important	Prefer not to answer
My racial identity is...	☐	☐	☐	☐	☐	☐

Sex What is your sex?

- ☐ Male
- ☐ Female
- ☐ Intersex
- ☐ Other _____
- ☐ Prefer not to answer

Page Break



Age What is your age in years?

Skip To: End of Block If Condition: What is your age in years? Is Less Than 18. Skip To: End of Block.

Skip To: End of Block If Condition: What is your age in years? Is Greater Than 50. Skip To: End of Block.

PoliticalViews We hear a lot of talk these days about liberals and conservatives. Here is a seven-point scale on which the political views that people might hold are arranged from extremely liberal to extremely conservative. Where would you place yourself on this scale?

	Extreme ly Liberal	Moderate ly Liberal	Slightl y Libera l	Neithe r	Slightly Conservati ve	Moderatel y Conservati ve	Extremely Conservati ve	Prefer not to answe r
Where would you place yourself ?	☐	☐	☐	☐	☐	☐	☐	☐

PoliticalOrientation How would you best describe your political orientation?

- ☐ Democrat
- ☐ Republican
- ☐ Independent
- ☐ Other (Please Specify) _____
- ☐ Prefer not to answer

Skip To: ForcedIndependent If How would you best describe your political orientation? = Independent

Skip To: SES If How would you best describe your political orientation? = Democrat

Skip To: SES If How would you best describe your political orientation? = Republican

Skip To: ForcedIndependent If How would you best describe your political orientation? = Other (Please Specify)

ForcedIndependent If you had to choose, would you consider yourself a liberal or a conservative?

- ☐ Liberal
 - ☐ Conservative
 - ☐ Moderate
-

SES What is your annual household income?

- ☐ Less than \$30,000
 - ☐ \$30,000-\$40,000 per year
 - ☐ \$40,001-\$60,000 per year
 - ☐ \$60,001-\$80,000 per year
 - ☐ \$80,001 -\$100,000 per year
 - ☐ More than \$100,000 per year
 - ☐ Do not know
 - ☐ Prefer not to answer
-

Edu What is your highest level of school completed?

- ☐ Never attended school or only attended kindergarten
- ☐ Grades 1 through 8 (Elementary)
- ☐ Grades 9 through 11 (Some High School)
- ☐ Grades 12 or GED (High School Graduate)
- ☐ College 1 year to 3 years (Some College)
- ☐ College 4 years or more (College Graduate)
- ☐ Advanced Degree (Professional, Masters, or PhD)
- ☐ Prefer not to answer

End of Block: Demographics
