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Lauren James Feria, M.A.
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Approved:

Karl Stukenberg, PhD
Chair, Department of Psychology

Christian M. Ed, PhD
Dissertation Chair
Depression and Rejection: Investigating Whether Depressed Individuals are Rejected in Volunteer Selection Situations
Dissertation Committee

Chair
Christian M. End, PhD
Associate Professor of Psychology

Member
Anna Ghee, PhD
Associate Professor of Psychology

Member
Nicholas Salsman, PhD
Assistant Professor of Psychology
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Chapter I

Review of the Literature

Mentally ill individuals are often stigmatized by others. Public stigma occurs when people endorse a set of prejudicial attitudes, negative beliefs, and discriminatory behaviors towards individuals with mental illness (Corrigan, 2000). Unfortunately, these stigmatized individuals may recognize the public’s negative responses and internalize them, a process that results in self-stigma (Corrigan & Watson, 2002). Both types of stigma can negatively affect the lives of people with mental illness.

Norman, Sorrentino, Windell and Manchanda (2008) identified several prominent stereotyped beliefs about mental illness and those who are mentally ill that perpetuate the stigma. Some of these beliefs include that people with mental illness are dangerous (Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999), responsible for their illness (Martin, Pescosolido, & Tuck, 2000), and are socially inappropriate and unpredictable (Socall & Holtgraves, 1992). These negative beliefs taint the public’s perception about mental illness and consequently put those with mental illness at a disadvantage.

Many adverse consequences are associated with the stigmatization of those with mental illness. One such consequence is social rejection. More specifically, negative beliefs about the mentally ill may motivate the public to avoid them. Research indicates that the extent one endorses the beliefs that mentally ill individuals are dangerous and responsible for their illness is positively correlated to one’s preferred social distance from mentally ill individuals (Angermeyer & Matschinger, 1997). In addition, research indicates that mentally ill individuals are rejected in friendship and employee situations, which is an issue that will be discussed more thoroughly in
subsequent sections (Chan, McMahon, Cheing, Rosenthal, & Bezyak, 2005; Coyne, 1976; Koser, Matsuyama, & Kopelman, 1999; Strack & Coyne, 1983).

Another adverse consequence of stigmatization of those with mental illness is a decrease in reported mental health (i.e., emotional adjustment and life satisfaction). Mak, Poon, Pun, and Cheung (2007) conducted a meta-analysis of the mental health of different populations of stigmatized individuals (i.e., people with mental disorders, intellectual disabilities, medical disorders, etc.). The meta-analysis analyzed 49 empirical studies, including 19 involving mental disorders. These studies employed a multitude of self-report measures to assess self-stigma and mental health of target individuals. The results of this meta-analysis illustrated a medium correlational effect size between stigma and mental health. Specifically, the results indicated that stigma has a significant negative effect on emotional adjustment and growth (Mak et al., 2007).

Efforts to investigate the relationship between stigma and mental illness have increased as a result of the aforementioned adverse effects associated with stigmatization. The results of such efforts have produced inconsistent findings with respect to both public stigma and self-stigma. More specifically, the amount of public stigma seems to vary depending on the type of mental illness (Lau & Cheung, 1999; Lee, Lee, Chiu & Kleinman, 2005). For example, the public stigmatizes those with schizophrenia and drug dependence to a greater extent than people with depression and anxiety disorders (Crisp, Gelder, Rix, Meltzer, & Rowlands, 2000).

Corrigan and Watson (2002) speculate that the cause of the inconsistency transcends the type of mental illness and can be attributed to whether the person has internalized the stigma. They argue that some stigmatized individuals are not conscious of the stigma and thus do not internalize other people’s negative responses towards them. In contrast, those who are aware of stigma may internalize it by adopting the public’s prejudicial attitudes, beliefs and behaviors.
This internalization is a process that results in self-stigma. Corrigan and Watson argue that because only some stigmatized individuals develop a self-stigma while others remain unaware, the empirical research indicates the relationship between self-stigma and mental illness is inconsistent. Thus, a conclusive answer to the broad question “Is there a relationship between mental illness and stigma?” has been difficult to answer.

**Stigma of Psychological Disorders vs. Medical Disorders**

The degree of public stigma varies depending on the specific clinical diagnosis. In particular, research demonstrates that psychological diagnoses are more strongly correlated with stigma than medical diagnoses. Lau and Cheung (1999) conducted telephone interviews with 822 Hong Kong residents about their attitudes towards people with intellectual disabilities or mental health difficulties. These attitudes were measured by the participants’ responses to nine Likert-type statements about one’s control (i.e., “residents have the right to oversee their activity”), rejection (i.e., “mind talking with them or mind them as colleagues”), and desire for social distance (i.e., “centers for them should be far away from residential areas”) of mentally retarded persons and psychiatric patients. The public held a significantly more negative perception and attitude towards people with mental health difficulty than people with intellectual disability for all measured aspects.

The impact of public stigma on people with psychological disorders has been assessed by analyzing patients’ subjective experiences of public stigma. In Lee, Lee, Chiu and Kleinman’s (2005) study, 480 outpatients with schizophrenia and 160 outpatients with diabetes completed a self-report questionnaire about their subjective experience of work-related stigma (i.e., if they have received negative comments from their employer) and interpersonal stigma (i.e., if they felt disliked or despised by family members). The perception of public stigma was more pronounced
for people with schizophrenia than for people with diabetes. In particular, significantly more schizophrenics experienced work-related stigma than diabetics. Also, significantly more patients with schizophrenia than diabetes experienced stigma from family members, friends, and significant others. Although both are stigmatized, the data suggest people with psychological disorders report experiencing public stigma to a greater extent than people with medical disorders.

**Stigma of Depression**

The degree of stigma also appears to vary depending on the specific psychological diagnosis. In a previously mentioned study on public stigma, Crisp et al. (2000) found that in comparison to people with schizophrenia and drug dependence, depressed individuals appear to evoke more favorable reactions from others. Nevertheless, it is apparent that the stigmatization of the depressed is pervasive.

Peluso and Blay (2009) investigated public stigma towards depressed individuals. In this study, 500 individuals read a vignette describing a person who met the DSM-IV’s diagnostic criteria for depression. The participants were then administered a face-to-face structured questionnaire that assessed perceived dangerousness, negative reactions and discrimination, and emotional reactions to the person described in the vignette. Participants, who could only respond with a “yes” or a “no” to questions including “In your opinion could a person like John (the depressed individual) commit a violent act against other people?”, perceived the depressed individual as potentially dangerous and capable of arousing negative emotions and discrimination from others.

Angermeyer and Matschinger (2004) also examined the public stigma in relation to individuals with depression. Approximately 5,000 German citizens who were over 18 years of
age completed a survey, which included a vignette describing a person who met the DMS-III's diagnostic criteria for either depression or schizophrenia. After reading the vignette, the participants were asked to indicate their emotional reaction (i.e., fear, pity and anger) to the person described in the vignette, as well as their desire for social distance from that person. The results suggest that the participants reacted to the individuals with depression most frequently with pity and fear. In addition, the participants indicated a strong desire for social distance from people with depression.

More concerned with self-stigma than public stigma, Alonso et al. (2008) investigated the prevalence of self-stigma among people who have mood disorders, anxiety disorders, and chronic physical conditions. In this study, participants from 16 countries were administered the World Mental Health Survey in order to assess for a mood disorder, anxiety disorder or chronic physical condition. The participants also completed a survey about the existence and intensity of their self-stigma. This survey assessed the degree of embarrassment and discrimination the participants experience because of their mental or physical condition. The results indicated universally, people with mental disorders (i.e., depressive and anxiety disorders) are more likely to report experiencing self-stigma than people with chronic physical conditions. People with depression and anxiety disorders reported the highest prevalence of self-stigma, and were twice as likely as any other disorder to report self-stigma (Alonso et al., 2008). Thus, it seems that people who experience depression are particular vulnerable to experience self-stigma.

Research illustrates that depressed individuals are confronted with both public stigma (Angermeyer & Matschinger, 2004; Peluso & Blay, 2009) and self-stigma (Alonso et al., 2008). As a consequence of public stigma, research suggests that depressed individuals may be repeatedly rejected by others (Joiner 1996; Joiner & Metalsky, 1995; Strack & Coyne, 1983). In
order to fully understand the relationship between depression and rejection, it is necessary to consider the theoretical models and the body of research surrounding this topic.

**Theories of Why the Depressed are Rejected**

Coyne’s (1976) interactional theory of depression posits that people who are depressed act in ways that lead other people to experience negative emotions and consequently avoid or reject the depressed person. More specifically, Coyne argues that depressed individuals’ needs for interest, concern, and sympathy from the social environment can become burdensome over time and can cause their friends and family to view interactions with them as unpleasant. As depressed individuals detect that friends and family are being less genuine and paying less attention to them, they may present as even more dependent, which in turn increases the negative reactions from their friends and family. As a result, strangers, friends, and family may reject or avoid depressed individuals and eventually their social support networks will be considerably weakened. This theory is well supported (Joiner 1996; Joiner & Metalsky, 1995; Strack & Coyne, 1983) and many studies have found a significant relationship between depression and rejection (Hokanson, Rubert, Welker, Hollander, & Hedeen, 1989; Joiner & Metalsky, 1995).

The interpersonal theory of depression’s basic tenet is that depressed individuals lack social skills and therefore receive negative feedback from their social environment. According to Lewinsohn’s model, social skills are defined as behaviors that are generally reinforced by others. When these behaviors are lacking, like in the case of depression, individuals engage in more aversive behavior that cause others to avoid them (McCann & Lalonde, 1993).

Lewinsohn and Coyne’s interpersonal theories of depression suggest that psychosocial processes play a major role in maintaining depression. In particular, depressed people are
socially rejected because of the way they act and relate to others. Deficits in social skills seem to be particularly influential in perpetuating the depression-rejection relationship.

**Social Skill Deficits and Depression**

Impaired social skills have been found to be associated with depression (Segrin, 2000). It is important to note that conceptual definitions of social skills vary dramatically, but most definitions agree that social skills are “the ability to interact with other people in a way that is both appropriate and effective” (Segrin, 2000, p. 382). One of the most common ways of assessing depressives’ social skills deficits is through self-report measures of social skills and partner-and observer-ratings of social skills.

Dalley, Bolocofsky and Karlin (1994) compared teacher-ratings and self-ratings of depressed adolescents’ social competency. High-school students were divided into low and high depression symptom groups. The depressed students and the teachers were then asked to complete social competency ratings. Consistent with their teachers’ ratings, adolescents with high-depression symptoms rated themselves as less socially competent than adolescents with low-depression symptoms. Thus both depressed individuals and others agree that depressed individuals’ social skills are lacking.

Youngren and Lewinsohn (1980) investigated partner, observer, and self ratings of social skills. This study compared group and dyadic interactions of depressed patients to two control groups, including people who endorsed psychopathology other than depression and people categorized as being psychopathology free. The interactions were observed by trained undergraduates who rated the social skills of the participants. Following the interactions, the participants completed self-report measures of their social skills and their frequency and comfort in social activity. In group interactions, depressed participants rated their own social skills more
negatively than controls and received more negative ratings from both partners and observers. In addition, in group and dyadic interactions, depressed individuals reported low rates of engagement and low levels of experienced comfort compared to their non-depressed counterparts. Depressed individuals' self-ratings of social skills as well as their reported lack of comfort in social interactions indicate that depressed people are aware of their social incompetence (Alloy & Abramsom, 1978).

**Depression and Rejection**

The fact depressed individuals themselves as well as others identify social skills deficits (Dalley et al., 1994; Youngren & Lewinsohn, 1980) supports the basic premise to Lewinsohn and Coyne’s interpersonal theories of depression. More specifically, the ways in which depressed individuals behave socially may deter others from wanting to form relationships with them. Whether directly interacting with a depressed person (i.e., face-to-face interactions and telephone interactions), reading about a depressed person (i.e., vignettes), watching a video-tape of a depressed person, or listening to an audio-tape of a depressed person, people exhibiting symptoms of depression are rejected by others.

Coyne and Strack (1983) examined whether depressed persons would induce a negative mood in others and subsequently experience rejection. Female college students interacted in pairs. In order to identify the depressed targets, all of the students completed a battery of tests, including several depression inventories. Participants, who scores had to indicate that they were non-depressed were then randomly assigned to interact with either a non-depressed target person or a non-depressed target person, as indicate by their elevated depression scores. The female participant-target pairs interacted for fifteen minutes and then completed questionnaires concerning their mood, perception of the other person, and their willingness to interact with her
in the future. Participants who conversed with depressed target persons were significantly more depressed, anxious, and hostile than those who conversed with non-depressed target persons. In addition, participants who conversed with depressed target persons were significantly less willing to interact with them in the future and gave a significantly more negative evaluation of what the target person was like. Therefore, this study illustrated that depressed individuals induce negative mood in others and, as a result, are negatively evaluated and rejected.

Hokanson et al. (1989) investigated the relationships that depressed and non-depressed college roommates formed during a nine-month period. The participants completed a variety of self-report measures regarding reactions towards their roommates at three different points during the school year. The results of this study demonstrate that non-depressed roommates did not enjoy their relationships with the depressed individual, and reported high levels of aggression towards the depressed individual. Although correlational in nature, these results therefore suggest that depressed individuals may create problematic interpersonal relationships in which they are likely susceptible to rejection.

Joiner (1996) investigated whether the depression-rejection relationship is moderated by the type of relationship with the depressed individual (i.e., stranger vs. friend) and the gender of those engaged in the relationship. In this study, male and female depressed college students and their non-depressed roommates were recruited to attend two sessions. In the first session, the roommates participated in a five-minute video-taped interaction. Judges, who were blind to the purpose of the study, watched the interactions and rated their personal rejection of the depressed target, who was randomly designated as the person on the left side of the videotape. In the second session, the participants completed questionnaires about their personal views, feelings, and attitudes about their roommate. The depressed targets were rejected by their roommates but
not by the judges. Also, depressed males were more likely to be rejected by their roommates than depressed females. The type of relationship with the depressed individual therefore seems to predict rejection, where friends are more rejecting of those with depression than strangers. In order to explain this finding, Joiner suggests that strangers and friends respond to different features of depression. For example, strangers may only respond to depressive features that are easily visible (i.e., negative affect), whereas friends may respond to a broader range of depressive features (i.e., worthlessness, hopelessness, etc.).

Joiner and Metalsky’s (1995) study examined whether college students reject their depressed roommates, and whether the gender of the roommate contributes to rejection. Roommate pairs attended two sessions, where they completed multiple self-report questionnaires on their depression levels, reassurance seeking, negative feedback seeking, and rejection of their roommate. The depressed persons engaged in more negative feedback seeking and more reassurance seeking compared to their non-depressed counterparts. For men, the combination of depression, high reassurance seeking, and high negative feedback seeking predicted rejection from others. Therefore, depressed individuals, in particular males, may participate in desperate information seeking behaviors that other people find aversive.

Although the abovementioned studies pertain to face-to-face interactions with depressed individuals, the depression-rejection relationship maintains for telephone interactions as well (Coyne, 1976; Hammen & Peters, 1978). Coyne (1976) examined interpersonal consequences of depression through telephone interactions. In this study, female college students engaged in 20-min phone conversations with a female who was either a depressed patient, a non-depressed patient, or a control. After the phone conversation, the college students and target persons completed questionnaires concerning their mood, perception of the other person, and willingness
to interact with the other person. Students who conversed with depressed female patients were significantly more rejecting of the other person than students who conversed with female controls. Depressed females therefore elicit rejection from others in both face-to-face interactions and telephone interactions.

Hammen and Peters (1978) furthered this research by examining both male and female responses to telephone interactions with people enacting a depressed role. Male and female college students were grouped into same- and opposite-sex pairs. The role-playing participants were given a script and trained to act a depressed role. The non-role-playing participants acted as interviewers and asked their partners a prepared list of questions. After five minutes of conversing, the interviewers completed questionnaires assessing their interest in further contact with the role-playing participant and their personal rejection of the role-player. Male and female interviewers reported a preference for further interaction with the non-depressed persons of the opposite sex, and reported more difficulty accepting the depressed persons of the opposite sex than the non-depressed persons. Depressed people are therefore more rejected than non-depressed people, especially by persons of the opposite sex.

Individuals with depression are not only rejected as a result of interacting with other people. In addition, research demonstrates that depressed individuals described by written, visual, and auditory depictions are rejected by others. Using vignettes, Sacco and Dunn (1990) examined the effect of actor depression on desire for future contact. College students read a vignette of a person who was depicted as either depressed or non-depressed. Then, the participants imagined that the person in the vignette asked to talk to them about a problem while they are studying for an exam that is scheduled for the next day. The participants completed questionnaires assessing their affective reaction to the request to talk, willingness to help, and
desire for future social contact with the person described in the vignette. The participants reported a significantly lower desire for future contact with the depressed person compared to the non-depressed person, which indicates that simply reading descriptions of depressed people can elicit rejection from others.

Vaerum and McCabe (2001) examined people’s responses to video-taped depictions of depressed individuals. In this study, college students watched a videotape segment of a male or female actor who portrayed a dysphoric or non-dysphoric role. Before watching the videotape, the participants completed self-report measures on affect and level of emotional empathy. Then, after viewing the videotape, the participants completed self-report measures on rejection of the target and negative mood induction. Participants rejected the actors who portrayed dysphoric roles. In particular, they reported being less willing to interact or work with the depressed actors than the non-depressed actors.

Using a similar methodology, Pettit, Paukert, and Joiner (2005) had male and female college students watch a short video-clip of a depressed or concurrently depressed and anxious female target. The participants then completed measures of mood symptoms, regard for the target (i.e., evaluation of the target’s global worth as a person), and willingness to interact with the target. Both male and female participants were less willing to interact with the depressed-anxious target than the depressed target. Although no gender differences existed for the participants’ willingness to interact with the target, males were more likely to hold the depressed-anxious target in low regard and reported higher depression and anxiety levels following the depressed-anxious video than females. This study illustrated that, in addition to being less willing to interact with depressed individuals, people may reject them by negatively evaluating their global worth as a person.
Just as depressed individuals depicted by vignettes (Sacco & Dunn, 1990) and video-tapes (Pettit et al., 2005; Vaerum & McCabe, 2001) are rejected by others, depressed individuals depicted by audio-tapes are rejected as well. Gurtman (1987) examined peoples’ responses to depressive disclosures. In this study, college students listened to audio-taped scripts presenting depressive or non-depressive reactions to questions about dating or school. After hearing the scripts, the participants were given questionnaires to assess their rejection of the target, perceived adjustment level of the target, perceived role impairment of the target (i.e., ability of the target to function as a student, worker, friend, etc.), and level of devaluation of the target. Depressive disclosures led to negative evaluations of the target. More specifically, the target was rejected, devalued, and viewed as maladjusted and functionally impaired.

**Depression, Rejection, and Workplace Discrimination**

Regardless of whether the information about a depressed individual is communicated via vignettes, video-tapes, or audio-tapes, it is clear that people exhibiting symptoms of depression are rejected by others (Coyne, 1976; Coyne & Strack, 1983; Gurtman, 1987; Hammen & Peters, 1978; Hokanson et al., 1989; Joiner, 1996; Joiner & Metalsky, 1995; Pettit et al., 2005; Sacco & Dunn, 1990; Vaerum & McCabe, 2001). Most of the aforementioned studies focus on depressed individuals’ rejection in informal social interactions, for example talking with someone and judging whether you want a friendship with that person. However, depressed people are also rejected in other, more formal, social interactions, for example those occurring within their workplace (Chan et al., 2005).

In order to understand depressed individuals’ rejection in the work environment, Chan et al. (2005) investigated factors that predicted workplace discrimination claims. They examined over 35,000 allegations of discrimination filed by people with mental and physical disabilities.
under the Americans with Disabilities Act. People with depression filed significantly more allegations than people with other physical or mental disabilities. As evidenced by the comparatively large number of allegations filed by individuals with depression, it is clear that depressed people perceive discrimination in the workplace. The top three discriminatory behaviors alleged by depressed individuals were discharge (i.e., involuntary termination of employment status on a permanent basis), reasonable accommodation (i.e., failure to provide reasonable accommodation to the known physical or mental limitations of a qualified person with a disability) and harassment (i.e., antagonism that is directed at an individual because of the existence of a disability).

Research illustrates that depressed individuals are, in fact, discriminated in employment situations. Koser et al. (1999) investigated whether having a physical or mental disability affects a person’s chance of being hired. In this study, 73 human resource professionals read a brief description of two disabled applicants. The mentally disabled applicant was described as someone who is currently taking medication for depression, and the physically disabled applicant was characterized as someone who uses a wheelchair. Participants were then asked to choose one applicant for the position. The participants were also asked, in an open-ended fashion, to explain why they chose that person. Participants were significantly more likely to hire the physically disabled applicant than the mentally disabled applicant. The participants who chose the physically disabled applicant defended their choice by expressing doubts about the mentally disabled applicant (i.e., potential performance problems and concern about absenteeism). Although this study examined real employers’ decisions about hiring job applicants with disabilities, it lacked external validity because there were no actual job positions available.
Pearson, Ip, Hui, Yip, Ho, and Lo (2003) remedied this problem by sending applications to jobs that were advertised in newspapers. Approximately 400 advertised jobs received four equally qualified applications prepared by the researchers; one with no mention of disability, two with physical disabilities (i.e., someone who needs crutches to walk and someone with a hearing impairment), and one with a mental disability (i.e., someone who recovered from depression). Over 300 of the 400 potential employers contacted one or more of the four applicants and offered them a job interview. Of those responses, there was a significant difference between responses to the applications sent from a non-disabled applicant and a mentally disabled applicant. Specifically, the applicant who submitted the application mentioning depression was significantly less likely to receive a job interview than the applicant who submitted the application with no mention of disability. Also, there was a clear ranking of preference, as the depressed applicant received the lowest number of job interviews compared to the non-disabled applicant and the physically disabled applicants. It is clear that depressed individuals are at a disadvantage when applying for jobs. Additionally, research has demonstrated that depressed individuals are less likely to be hired than their non-disabled and physically disabled counterparts (Koser et al., 1999; Pearson et al., 2003).

Other research has investigated whether individuals with depression are discriminated in promotion situations. Bordieri and Drehmer (1997) examined whether having a disability or a health problem affects a person’s chance of being promoted. Supervisors and midlevel managers assessed hypothetical promotion candidates and determined if they would recommend them for promotion. Each participant was given a packet of information including: a description of the disability or health condition of the promotion candidate (i.e., no disability, depression, obesity, low vision, colon cancer, diabetes, arm amputation, or facial burns), a description of the
positions held by the candidate and his/her job performance at those positions, and the job
description for the promotion position. After reviewing this information, the participants rated
their recommendation for the promotion candidate on a 9-point scale. The supervisors and
midlevel managers were less likely to endorse the promotion of the candidate with depression in
comparison to the candidate without a disability.

It is therefore apparent that depressed individuals experience rejection in many
significant aspects of their lives (i.e., in friendships and in the work environment), and these
consistent negative social interactions are likely responsible for the maintenance and persistence
of their depression (Lara & Klein, 1999). In addition to experiencing rejection in employee
selection and promotion situations (Bordieri & Drchmer, 1997; Koser et al., 1999; Pearson et al.,
2003), individuals with depression may also experience rejection in volunteer situations. If
discrimination does occur in volunteer situations, it could be harmful, as research demonstrates
that volunteering is associated with many mental health benefits that could be particularly
helpful for those with depression (Li & Ferraro, 2006; Lum & Lightfoot, 2005; Musick &
Wilson, 2003).

Volunteerism, Well-Being, and Depressed Individuals

Volunteer activity is generally categorized as either informal or formal volunteering.
According to Finkelstein and Brannick (2007), informal volunteering is unpaid work that is not
mediated by any formal organization (i.e., caring for a family member). In contrast, formal
volunteering is unpaid work that is performed through an organization (i.e., professional
organizations, community-oriented service organizations, and church-related organizations).
Since the preponderance of research has been on formal volunteering, which is the focus of the
current study, the following section of the paper will concentrate on the relationship between formal volunteer activity and mental health.

Borgonovi (2008) examined the association between volunteering and well-being. This study analyzed the Social Capital Community Benchmark Survey (SCCBS) dataset, which collects data on voluntary work and self-reported health and happiness from multiple United States groups and organizations. The SCCBS includes several likert-type items that assess one’s frequency of volunteering (i.e., less than monthly, monthly, and weekly), one’s health (i.e., “how would you describe your overall state of health these days?”) and one’s happiness (i.e., “taking all things together, how happy would you say you are at present?”). People who volunteer reported better health and greater happiness than people who do not volunteer. The finding that volunteering is positively related to one’s reported health and happiness is consistent with previous research (Piliavin & Siegl, 2007; Thoits & Hewitt, 2001).

Mellor et al. (2009) examined the relationship between volunteering and additional aspects of well-being. This study used data from the Australian Unity Well-Being Index project, which monitors the subjective well-being of the Australian population, including people who volunteer and people who do not. Personal well-being was measured through a series of rated questions about people’s appraisals of their life (i.e., satisfaction with one’s standard of living, health, and achievements in life). Volunteers reported significantly higher personal well-being than non-volunteers.

As an effort to further understand the relationship between volunteering and well-being, Windsor, Anstey, and Rodgers (2008) investigated whether the frequency of volunteer activity affected one’s reported well-being. This study used data from the oldest cohort (ages 64-68) of the PATH Through Life Project, which is a longitudinal, community-based survey of people
living in Australia’s capital city. The survey included several self-report measures on volunteer status (i.e., frequency of volunteering), physical health, and psychological well-being (i.e., life satisfaction and positive/negative affect). High-levels of volunteer activity were associated with lower levels of psychological well-being. More specifically, those who engaged in at least 100 hours, but less than 800 hours, of volunteer work a year had the highest well-being scores. Windsor et al. suggest that there is an optimal frequency of volunteering for psychological well-being, and that too much volunteering can actually weaken one’s well-being.

Unfortunately, research suggests the benefits of volunteering are not necessarily universal across age and gender. Musick and Wilson (2003) investigated the relationship between volunteering and depression, hypothesizing that volunteering is beneficial for one’s mental health because it increases access to social and psychological resources that help combat depression. This study used data from the Americans’ Changing Lives study, which involved a national longitudinal survey comprising a broad range of sociological, psychological, and health items. Using this data, Musick and Wilson analyzed depression levels, frequency of volunteering, social resources (i.e., how many times they on the phone and get together with friends and relatives), and psychological resources (i.e., reported self-esteem) of people in different age groups. Volunteering was associated with reduced depression symptoms for people older than 65, but there was no association between volunteering and depression for those younger than 65. The finding that volunteering reduces depression in older adults has been replicated in numerous studies (Li & Ferraro, 2006; Lum & Lightfoot, 2005). However, the relationship between volunteering and depression in regards to younger adults is less clear. Although some research has demonstrated that volunteering is associated with reduced
depression symptoms in younger adults (Rietschlin, 1998), other research has found no such relationship (Li & Ferraro, 2006).

Ahern and Hendryx (2008) investigated whether gender moderates the established relationship between volunteering and depression among older adults. More specifically, they examined whether volunteering is correlated to first lifetime depressive episodes for older women and men. This study used data from the Wisconsin Longitudinal Study, which assessed self-reported volunteer activity, psychological well-being (i.e., depression levels), and health of people who graduated from Wisconsin high schools. Depression was measured by the Center for Epidemiologic Studies-Depression Scale, where scores above a certain number were indicative of diagnostic levels of depression. For women, but not for men, with no prior evidence of diagnostic levels of depression, volunteering was associated with a reduced risk of developing depression symptoms. The results of this study suggest the benefits of volunteering may not be consistent across gender.

This difference may be explained by men and women’s expectations of the benefits of helping others. Sprecher, Fehr, and Zimmerman (2007) examined college students’ beliefs about how one’s mood will change after helping. Participants imagined several helping acts (i.e., expressing empathy and caring, providing care to someone when they are sick, etc.) and rated the extent to which they expected their emotions to change as a result of engaging in the act. Women expected more positive mood as a result of helping than men. Sprecher et al. suggest that men and women may expect different degrees of self-reward, like mood enhancement, for helping others, and thus a gender difference emerges.
Limitations of Research Examining the Volunteering-Depression Relationship

The aforementioned studies suggest that volunteering is positively correlated with mental health. However, similar to other applied research, the methodology is primarily correlation, which inherently has many limitations. The first limitation is that correlational research does not provide evidence that the relationship between two variables is causal. Therefore, all that is known is that volunteering and mental health are related in a systematic way. Even if causality is assumed, the direction of the causality is unknown such that volunteering may predict mental health or mental health may predict volunteering. Another limitation of correlational research is the possibility of confounding variables. More specifically, other variables, like leisure time, may predict both volunteering and mental health. This confounding factor could be a pre-existing individual characteristic. Because participants in correlational research are not randomly assigned to a volunteer condition, it is possible that there may be something different about those who volunteer and those who do not, and this difference may account for the apparent relationship between volunteering and mental health. Perhaps, happy people are more likely to volunteer and therefore are less likely to display depressive symptoms. Although it is not feasible to experimentally examine the effect volunteering has on mental health, laboratory research on the effects of helping behavior on mood may help clarify this relationship.

Williamson and Clark (1989) examined whether helping affects a person’s mood and self-evaluation. In this study, undergraduate students, who were told that the study was about the effects of mood on task performance, completed a set of questionnaires about their mood and self-evaluation right before initiating a task. After completing the measures, an experimenter staged a scenario in which he dropped materials on the floor and consequently was in need of help. The experimenter either asked the participant to help or made no such request. Then, the
participants were asked to complete the same set of questionnaires again, as they need to be completed right before the task. The participants who were asked to help had significant improvements on both mood and self-evaluation ratings compared to those participants who were not asked to help. Other studies have demonstrated that helping improves a person’s mood (Millar, Millar, & Tesser, 1988; O’Malley & Andrews, 1983; Yinon & Landau, 1987). Therefore, when a person is, for example, in a depressed mood, performing a helpful deed will improve his or her mood.

Harris’ (1977) study also confirmed the finding that helping induces a good mood, but only for certain types of helping. More specifically, Harris’ study consisted of two separate experiments. In the first experiment, college students, who were walking around campus alone, were approached and either asked if they were related to a particular person, or if they could help by giving directions to a building on campus. All of the participants were then asked several questions about their mood (i.e., “what is your mood right now?”, “has your mood been stable in the last 15 minutes?”, and “if it has not been stable, has it gone up or down?”), where they rated their answers on a nine-point scale. The results indicated that helping someone by giving them directions does not affect a person’s mood. However, in the second experiment, college students walking around campus alone were either approached and asked to help a girl find a small piece of paper that she lost, or were not given the opportunity to help. All of the participants were then approached by a different person and asked to complete a survey about their mood. Participants who were asked to help reported their mood as more positive than those who were not given the opportunity to help. Therefore, some, but not all, types of helping produce a good mood.

Laboratory research on helping and mood supports the beneficial effects volunteering can have on mental health. More specifically, since helping improves a person’s mood (Harris, 1977;
Millar et al., 1988; O’Malley & Andrews, 1983; Williamson & Clark, 1989; Yinon & Landau, 1987), suggesting that engaging in helping behavior, like volunteering, may be a useful strategy for treating depressed individuals.

**Volunteering as an Intervention**

Despite the limitations of both the correlational research and short-term experimental work, there are many benefits associated with volunteering (Borgonovi, 2008; Li & Ferraro, 2006; Lum & Lightfoot, 2005; Musick & Wilson, 2003; Thoits & Hewitt, 2001), and therefore practicing psychologists have incorporated volunteer activity into therapeutic interventions. As such, a treatment delivery model involving volunteering has recently emerged (Hubbell, 2007). This new delivery model allows clients to earn therapy hours in exchange for hours of volunteer work. Although this exchange concept was partially created to make psychotherapy more accessible for people who are underserved and/or uninsured, its creation is largely based on the finding that volunteering is correlated with mental health benefits, especially for older adults (Post, 2005; Wheeler, Gorey & Greenblatt, 1998).

Certain therapy techniques utilize volunteer work as a means for change (Barlow, 2008), and introducing clients to volunteering is considered by some to be a “sign of good practice” (Cheung & Kwan, 2006, p. 53). Behavior therapy for depression, for example, often incorporates volunteering into a client’s treatment plan, as it focuses on alleviating depressive symptoms directly through behavior change. Behavioral activation for depression is a specific type of behavior therapy that teaches clients to engage in activities that are reinforcing to them. One activity that people generally find reinforcing is volunteering, as people feel better about themselves after engaging in helping behavior (Harris, 1977; Millar et al., 1988; O’Malley & Andrews, 1983; Williamson & Clark, 1989; Yinon & Landau, 1987). In behavioral activation for
depression, clients experience more contact with sources of reward in their lives, for example through volunteering, and therefore gradually break the relationships that have been maintaining their depression (Barlow, 2008). Although volunteering is promoted in some psychological treatments for depression, it is not yet known whether individuals with depression are rejected in volunteer selection situations. It is possible that the public stigma of depression prevents depressed individuals from volunteering, and subsequently retards their treatment.
Chapter II

Rationale and Hypothesis

The public stigmatizes mentally ill individuals. Research demonstrates that the public endorses many stereotyped beliefs about people with mental illness, including the belief that they are dangerous (Link et al., 1999), responsible for their illness (Martin et al., 2000), and are socially inappropriate and unpredictable (Socall & Holtgraves, 1992). Unfortunately, the public stigma for people with depression is more pronounced compared to those with other mental and physical disorders (Lau & Cheung, 1999; Lee et al., 2005). More specifically, research indicates that the public is particularly fearful of depressed individuals and desires social distance from them (Angermeyer & Matschinger, 2004; Peluso & Blay, 2009).

As a consequence of public stigma, depressed individuals are rejected in many different types of social interactions. They are rejected in informal social interactions, like talking with someone and judging whether you want a friendship with that person (Coyne, 1976; Strack & Coyne, 1983), and are also rejected in formal social interactions, like employee selection and promotion situations (Bordieri & Drehmer, 1997; Chan et al., 2005; Koser et al., 1999; Pearson et al., 2003). Therefore, it is apparent that individuals with depression experience rejection in several significant areas of their lives (i.e., in friendships and in the work environment).

Another area in which depressed individuals may experience rejection is volunteering. If discrimination does occur in volunteer situations, it could be harmful, as research demonstrates that volunteering is positively correlated with many mental health benefits, especially among older adults (Post, 2005; Wheeler et al., 1998). Even more, volunteering could be particularly helpful for those with depression, as it is associated with reduced depressive symptoms in older
adults (Li & Ferraro, 2006; Lum & Lightfoot, 2005; Musick & Wilson, 2003) and, to a lesser extent, in younger adults (Rietschlin, 1998). Experimental studies on helping and mood demonstrate the beneficial effects volunteering can have on mental health. More specifically, a multitude of experiments demonstrate that helping improves a person's mood (Harris, 1977; Millar et al., 1988; O’Malley & Andrews, 1983; Williamson & Clark, 1989; Yinon & Landau, 1987).

Since there are benefits of volunteering, especially for depressed individuals, volunteer activity is often incorporated into therapeutic interventions (Barlow, 2008). Although volunteering is promoted in some psychological treatments for depression, it is not yet known whether the activation of the stigma associated with depression ultimately leads to depressed individuals being denied the opportunity to volunteer. It is possible that the public stigma of depression negatively affects the selection process, which in turns prevents individuals with depression from volunteering, and subsequently retards their treatment.

Previous work has demonstrated that depressed individuals are rejected in situations that involve a selection process, for example, hiring and promotion situations (Bordieri & Drehmer, 1997; Kosar et al., 1999; Pearson et al., 2003). Similarly, the current study will examine whether depressed individuals are rejected in volunteer situations that involve a selection process. It is expected that people exhibiting symptoms of depression are rejected in volunteer selection situations, which is particularly concerning, as these volunteer experiences could afford benefits to depressed individuals (Li & Ferraro, 2006; Lum & Lightfoot, 2005; Musick & Wilson, 2003; Rietschlin, 1998).

Because volunteers are usually in high demand, it is unlikely that a depressed individual will be denied the opportunity to volunteer. Rather, rejection will be manifested in other ways.
Hypothesis 1: It is hypothesized that the proportion of depressed and non-depressed applicants who are accepted to the formal role of “volunteer” will not differ significantly.

Since the depressed applicants are not expected to be denied the opportunity to volunteer, participants will rate how hirable the applicants are, meaning their perceived suitability to be a volunteer, as a way of quantifying one’s rejection of them. A comparison of the hireability ratings of the depressed and non-depressed applicants will likely expose a difference between the two groups.

Hypothesis 2: It is further hypothesized that the depressed applicant will be rated as significantly less hirable than the non-depressed applicant.

Due to the many prejudicial beliefs that the public has about people with mental illness, including the belief that they are dangerous (Link et al., 1999), socially inappropriate and unpredictable (Socall & Holtgraves, 1992), discrimination may occur in the type of tasks depressed applicants are designated. Stone and Colella (1996) theorize that since the public reacts negatively to people with mental disorders, mentally disordered individuals are unlikely to be hired to jobs that require a large amount of social contact with other people. It is therefore expected that, when compared to non-depressed applicants, depressed applicants will be discriminated against by being assigned to tasks that require minimal interaction with other people.

Hypothesis 3: It is hypothesized that jobs that require a lot of social contact will be rated as significantly less appropriate for the depressed applicant compared to the non-depressed applicant.

An abundance of research demonstrates that people exhibiting symptoms of depression are rejected by others (Bordieri & Drehmer, 1997; Coyne, 1976; Coyne & Strack, 1983;
Gurtman, 1987; Hammen & Peters, 1978; Hokanson et al., 1989; Joiner, 1996; Joiner & Metalsky, 1995; Pettit et al., 2005; Sacco & Dunn, 1990; Vaerum & McCabe, 2001). Consistent with previous research, it is expected that depressed applicants will be more socially rejected than non-depressed applicants.

_Hypothesis 4:_ Further, it is hypothesized that the depressed applicant will be more socially rejected than the non-depressed applicant. On several measures of social rejection, including a revision of the Rosenberg’s Self-Esteem Questionnaire (Rosenberg, 1965) and Coyne’s (1976) Willingness to Interact Scale, it is hypothesized that depressed applicants will receive lower evaluations of their global worth and that participants will be less willing to engage in future interaction with depressed applicants compared to non-depressed applicants.
Chapter III

Method

Overview

The present study aims to examine whether the depression-rejection relationship is maintained in volunteer selection situations. The participants, who are volunteer coordinators from several non-profit organizations, will be presented with a potential volunteer application, and a video-clip of the applicant being interviewed for a volunteer position. In the video-clip, the volunteer applicant will be portrayed as either depressed or not depressed. After reviewing the application materials, the participants will complete several measures of social rejection that have been used in similar research (Gurtman, 1987; Joiner, 1996; Joiner & Metalsky, 1995; Pettit et al., 2005; Strack & Coyne, 1983; Vaerum & McCabe, 2001). Social rejection, as measured by whether the applicants are selected to volunteer, the tasks the participants designate to the applicants, the participants’ esteem in which they hold the applicants, and the participants’ willingness to interact with the applicants, will be assessed.

Participants

Participants will include volunteer coordinators from several non-profit organizations in Ohio. The participants will receive an incentive for their involvement in this research study. Specifically, all participants will be entered into a raffle, where they will have a chance to win $100 for themselves and $100 for their non-profit organization.

A power analysis was conducted based on the G*Power 3 program (Faul, Erdfelder, Lang & Bucher, 2007), and it was determined that in order to obtain an estimated power of .8, this study will need to collect data from 92 individuals.
Recruitment of participants. In order to recruit participants, the researcher will first contact the Cincinnati Association of Volunteer Administrators (CAVA), which is a membership-based professional organization for Directors of Volunteers In Agencies (DOVIA) in Greater Cincinnati and Southwest Ohio that has approximately 95 members. The CAVA members who are volunteer coordinators at their respective agencies will be asked to participate in this study. They will be asked individually over the phone, or if possible, the researcher will recruit participants at a monthly CAVA meeting. A recruitment script was created and will be used for the phone contacts and for recruiting CAVA members (Appendix A). In order to obtain names and email addresses of CAVA members who are willing to participate, a sign-up sheet will be passed around at the meeting (Appendix B).

If there are not enough participants recruited through CAVA, the researcher has generated a list of approximately 600 non-profit organizations in Ohio using the website http://www.nonprofitlist.org/OhioNonProfits.html. The researcher will randomly sample from this list and will call 50 non-profit organizations a week to solicit participation from their volunteer coordinator(s) (or those who are involved with the selection of volunteers) until the goal of 92 participants is reached (see Appendix A for recruitment script).

Dependent Measures

Hireability of applicant: Part one. The perceived hireability of the applicant will be measured by asking the participants, “To what extent is the applicant hirable for this volunteer position?” They will respond to this item on a 9-point scale from not hirable to extremely hirable. Items like this have been used in similar research on selection bias of job applicants with disabilities (Bordieri & Drehmer, 1997).
Task Appropriateness Survey. This measure was created for the current research study (see Appendix C). It includes a list of six tasks requiring different levels of social contact. Participants will rate, on a 7-point Likert scale, how appropriate each task would be for their volunteer applicant, where a low score indicates that the task is not appropriate and a high score indicates that the task is very appropriate.

According to Koser et al. (1999), The Dictionary of Occupational Titles (Farr, Ludden, & Shatkin, 2002) categorizes jobs according to several constructs, including conceptual, technical, and people skills. Based on the Dictionary of Occupational Titles' classification system, three tasks associated with occupations that require little social contact with other people (i.e., entering data into the computer, preparing records and reports, and preparing charts and diagrams) and three tasks associated with occupations that require a lot of social contact with other people (i.e., greeting persons entering the establishment, answering questions and providing information to the public, and directing visitors/volunteers to specific destinations) were generated. Additionally, these particular tasks were chosen because they were listed in the descriptions of several volunteer positions that were posted online.

The appropriateness scores for the entering data into the computer, preparing records and reports, and preparing charts and diagrams positions will be summed to create a total appropriateness score for the non-social tasks, while the appropriateness scores for the greeting persons entering the establishment, answering questions and providing information to the public, and directing visitors/volunteers to specific destinations will be summed to create a total appropriate score for the social tasks.

Hireability of applicant: Part two. As another way to measure the perceived hireability of the applicant, the participants will be asked, in the form of a yes or no question, if they would
hire the applicant. If the participants would not allow the person to volunteer at their organization, they will be asked to describe, in an open-ended fashion, the conditions that would be necessary for them to hire the applicant (see Appendix D).

**Evaluation of Target on Revision of Rosenberg Self-Esteem Questionnaire.** (R-SEQ; Rosenberg, 1965; Swann, Wenzlaff, Krull, & Pelham, 1992). This measure, which will be presented to the participants as “Beliefs about the Volunteer Applicant”, includes 10 items (see Appendix E). The items were reworded so that participants completed it in regard to the esteem in which they held the applicant (i.e., the instructions were to “Indicate the extent to which you agree with the following statements about the volunteer applicant”). Pettit et al. (2005) explained that the revision of the original scale is “a measure of that aspect of rejection involving negative evaluation of the target’s global worth as a person” (p. 258). For example, one item reads, “I feel that the volunteer applicant is a person of worth, at least on an equal plane with others”. Each of the items is rated on a 4-point scale from *strongly agree* to *strongly disagree*. The R-SEQ has been used in previous depression-rejection research (Joiner, 1996; Joiner, Alfanso, & Metalsky, 1992; Pettit et al., 2005), and its validity and reliability have received empirical support (Joiner et al., 1992; Swann, Wenzlaff, & Tafarodi, 1992).

**Willingness-to-Interact Scale.** (WILL; Coyne, 1976). The WILL, which will be termed “Future Interaction Scale” for the participants, is a series of questions that will be used to evaluate the participants’ level of willingness to interact with the applicants (see Appendix F). The questions are answered either affirmatively or negatively on a 6-point scale, with lower scores indicating more rejection (e.g., “Would you like to meet this person?”). The WILL scale, or some adaptation of it, has been used in previous depression-rejection research (Gurtman, 1987; Hammen & Peters, 1978; Joiner & Metalsky, 1995; Strack & Coyne, 1983; Vaerum &
McCabe, 2001; Winer, Bonner, Blaney, & Murray, 1981). The WILL scale's reliability and construct validity have received empirical support (Burchill & Stiles, 1988; Coyne, 1976).

**Procedure**

Volunteer coordinators, or people who are responsible for recruiting volunteers, will be asked to participate in exchange for a chance to win $100 for their personal use as well as $100 for their non-profit organization. If they choose to participate, they will receive an email directing them to the Survey Monkey website (see Appendix G). Survey Monkey is an online survey site that allows researchers to post research materials and questionnaires online for data collection. Before accessing the research materials, participants will read an online informed consent document (see Appendix H).

The participants will read the application of a potential volunteer (see Appendix I), and will be randomly assigned to either the depressed or non-depressed condition, where they will watch a video-clip of either a depressed or non-depressed potential volunteer being interviewed for a volunteer position (see Appendix J for interview transcript). The depressed applicant will be portrayed as depressed by engaging in behaviors characteristic of depression. The following behaviors were used by the depressed actor in the volunteer interview video-clip: little eye contact, low energy, long pauses, low speech volume, low speech rate, and flat affect. In addition, the depressed actor used phrases like “I don’t know” in order to portray indecisiveness, which is a symptom of depression.

After reading the volunteer application and watching the video-clip, the participants will be asked to rate their perceived hireability of the applicant. Next, using the Task Appropriateness Survey, the participants will rate the appropriateness of several tasks requiring different levels of social contact for their volunteer applicant. The participants will then indicate if they would
allow the person to volunteer at their organization, and if their answer is “no”, they will describe the conditions that would be necessary for them to hire the applicant.

Then, in order to assess the participants’ evaluation of the applicant and their willingness to engage in future interaction with the applicant, the participants will complete several social rejection questionnaires, including the Evaluation of Target on Revision of Rosenberg Self-Esteem Questionnaire and the Willingness-to-Interact Scale. As a manipulation check, the participants will identify phrases that describe their applicant from a list of adjectives (see Appendix K). This item will be included with others in a survey termed “Information about the Volunteer Applicant”. Demographic information will then be collected (see Appendix L). Finally, participants can choose to provide identifying information, including their name and email address, in order for them to be entered into the raffle, or they can choose not to provide such information (Appendix M & N). After completion of data collection, all participants will read a debriefing document online and will be thanked for their participation in the research study (Appendix O).
Chapter IV

Proposed Analyses

In order to test the first hypothesis that the proportion of depressed and non-depressed applicants who are accepted to the formal role of “volunteer” will not differ significantly, a one-sample chi-square will be conducted.

A one-way MANOVA will be conducted to test the second and third hypotheses, which state that the depressed applicant will be rated as significantly less hirable than the non-depressed applicant and will be deemed as being more appropriate for non-social tasks and less appropriate for social tasks respectively. The applicant (depressed versus non-depressed) will be the independent variable and the participants’ total scores on the Hireability of Applicant measure, the total appropriate score for the non-social tasks, and the total appropriate score for the social tasks will be the dependent variables.

Another one-way MANOVA will be conducted to test the fourth hypothesis, which states that the depressed applicant will be more socially rejected than the non-depressed applicant. The applicant (depressed versus non-depressed) will be the independent variable and participants’ total scores on the two social rejection measures, including the Evaluation of Target on Revision of Rosenberg Self-Esteem Questionnaire and Willingness to Interact Scale, will be the dependent variables.

An alpha level of .05 will be used to denote statistical significance of the overall MANOVAs. If either or both of the MANOVAs are significant, multiple ANOVAs, one for each dependent variable, will be conducted to assess whether there are differences among groups on the population means for certain dependent variables. In order to reduce the risk of Type I error.
a Bonferroni adjustment will be used in which the normal alpha value (.05) will be divided by the number of statistical tests run for the main effects and interactions (Pallant, 2005). Therefore, the adjusted alpha level will be .017 (.05/3) for the MANOVA testing the second and third hypotheses and .025 (.05/2) for the MANOVA testing the fourth hypothesis.
References


Appendix A

Script for Participant Recruitment

**Script for Initial Contact with the Non-profit Organizations:**
Hello my name is Lauren James. I am a graduate student at Xavier University and I am conducting research on how people make volunteer selection decisions. Can I please speak to the volunteer coordinator(s) who work for your organization?

**Script for Contact with the Volunteer Coordinators:**
Hello my name is Lauren James and I am conducting research through Xavier University on how people make volunteer selection decisions. If you choose to participate in this study, you will be entered into a raffle to win $100 for your personal use as well as $100 for your non-profit organization.

Participation in this study will take approximately 10 minutes, and everything you need to participate will be available online for you to complete at your convenience. If you choose to participate in this study, you will read the application of a potential volunteer as well as watch a brief video-clip of the applicant being interviewed for a volunteer position. Then, you will complete several short questionnaires about how you make volunteer selection decisions. The questionnaires will remain confidential and will be stored in a password protected database. After you complete the questionnaires, you will be given the option to provide some identifying information in order to be entered into the raffle. This information will be kept in a separate, password-protected database and at no point will your names and email addresses be linked to your responses on the questionnaires. Are you willing to participate in this research study?

- **Phone contact: If the volunteer coordinator chooses to participate:**
  Thank you for participating! I will now send you an email with a link to the website that will have all of the materials that you need for this study. What is your email address? Once you get the email, please go to the specified website and complete the forms within one week from today. I will send you an email reminder if you have not completed them by next week. Thank you again!

- **CAVA meeting: If the volunteer coordinator chooses to participate:**
  I am now passing around a sign-up sheet. If you want to participate, please write down your name and email address in the appropriate spaces. Later today, I will send you an email with a link to the website that will have all of the materials that you need for this study. Once you get the email, please go to the specified website and complete the forms within one week from today. I will send you an email reminder if you have not completed them by next week. Thank you for participating!
Appendix B

Participant Sign-up Sheet

*If you want to participate in this research study, please provide your name and email address below:*

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Appendix C

Task Appropriateness Survey

Whether or not you decide to hire the volunteer applicant, please rate how appropriate each task would be for her to perform:

1. Entering data into the computer.
   
   Not Appropriate  
   1 2 3 4 5 6 7  
   Very Appropriate

2. Greeting people.
   
   Not Appropriate  
   1 2 3 4 5 6 7  
   Very Appropriate

3. Preparing records and reports.
   
   Not Appropriate  
   1 2 3 4 5 6 7  
   Very Appropriate

4. Answering questions and providing information to the public.
   
   Not Appropriate  
   1 2 3 4 5 6 7  
   Very Appropriate

5. Preparing charts and diagrams.
   
   Not Appropriate  
   1 2 3 4 5 6 7  
   Very Appropriate

6. Directing visitors/volunteers to specific destinations.
   
   Not Appropriate  
   1 2 3 4 5 6 7  
   Very Appropriate
Appendix D

Volunteer Applicant Match

Please answer the following question:

Would you hire the volunteer applicant at your non-profit organization?

_____ Yes

_____ No

*If you answered “no” to the previous question, please describe the conditions that would be necessary for you to hire the applicant:*

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Appendix E

Evaluation of Target on Revision of Rosenberg Self-Esteem Questionnaire

*For each item, please identify the answer that best describes your general feelings about the volunteer applicant.*

1. On the whole, I am satisfied with the volunteer applicant.
   
   Strongly Agree  Agree  Disagree  Strongly Disagree

2. The volunteer applicant is no good at all.
   
   Strongly Agree  Agree  Disagree  Strongly Disagree

3. The volunteer applicant has a number of good qualities.
   
   Strongly Agree  Agree  Disagree  Strongly Disagree

4. The volunteer applicant is able to do things as well as most other people
   
   Strongly Agree  Agree  Disagree  Strongly Disagree

5. The volunteer applicant does not have much to be proud of.
   
   Strongly Agree  Agree  Disagree  Strongly Disagree

6. The volunteer applicant certainly feels useless.
   
   Strongly Agree  Agree  Disagree  Strongly Disagree

7. The volunteer applicant is a person of worth, at least on an equal plane with others.
   
   Strongly Agree  Agree  Disagree  Strongly Disagree

8. I wish I could have more respect for the volunteer applicant.
   
   Strongly Agree  Agree  Disagree  Strongly Disagree

9. All in all, I am inclined to feel that the volunteer applicant is a failure.
   
   Strongly Agree  Agree  Disagree  Strongly Disagree

10. I take a positive attitude toward the volunteer applicant.
    
    Strongly Agree  Agree  Disagree  Strongly Disagree
Appendix F

Willingness-to-Interact Scale

Assume you hired the volunteer applicant. For each item, please identify the answer that best describes your willingness to engage in future interaction with her.

Rate your willingness to:

1. Meet this person.
   Not Willing  1  2  3  4  5  6  Very Willing

2. Seek advice from this person.
   Not Willing  1  2  3  4  5  6  Very Willing

3. Sit with this person on a bus.
   Not Willing  1  2  3  4  5  6  Very Willing

4. Share an apartment with this person.
   Not Willing  1  2  3  4  5  6  Very Willing

5. Invite this person to your home.
   Not Willing  1  2  3  4  5  6  Very Willing

6. Approve if a relative married this person.
   Not Willing  1  2  3  4  5  6  Very Willing

7. Work with this person.
   Not Willing  1  2  3  4  5  6  Very Willing

8. Admit this person to your circle of friends.
   Not Willing  1  2  3  4  5  6  Very Willing

9. Rate your overall willingness to interact with this person.
   Not Willing  1  2  3  4  5  6  Very Willing
Appendix G

Participant Email

Dear Participant,

Thank you for agreeing to participate in this research study!

As mentioned during our telephone conversation the other day, all of the research materials have been converted to an online survey website for your convenience. Please click on the following link to access and complete the questionnaires, which should take you approximately 10 minutes: www.surveymonkey.com.

Please complete the questionnaires within one week from today. If, in one week, you have not completed them, you will be sent a reminder email.

If you have any questions or are experiencing problems accessing the website, please contact Lauren James at JamesL1@xavier.edu.

Thanks again for your participation! And remember, both you and your non-profit organization will be entered into a raffle! Best of luck!
Appendix H

Informed Consent Document

Thank you for your participation! You are being asked to volunteer to participate in a project conducted through Xavier University. An overview of the study's procedures is outlined below:

This study seeks to examine how people make volunteer selection decisions. You will read the application of a potential volunteer and you will watch a brief video-clip of her being interviewed for a volunteer position. You will then complete questionnaires about your personal views and feelings of that person. If willing to participate, you will spend approximately 10 minutes completing the study. Upon completion of the study, your name will be entered into a raffle to win $100 for your own personal use as well as $100 to benefit your non-profit organization.

The risks for this study are minimal, but the nature of some of the questions may make you uncomfortable. You have the right to stop and withdraw from the study at anytime, without penalty.

We have taken all necessary measures to ensure your privacy and confidentiality. After you complete the questionnaires, you will be asked to provide some identifying information in order to be entered into the raffle. This information will be kept separate from the questionnaires by having a link to a completely separate survey that only has fields for you to enter your contact information. Also, the questionnaires will be stored in password protected files and only the principle investigator, Lauren James, and her faculty advisor, Dr. Christian End, will have access to the stored data. Consistent with ethical guidelines, data will be destroyed in six years.

If you have questions at any time during this study, you may contact Lauren James (513-484-0729 or JamesL1@xavier.edu), her faculty advisor, Dr. Christian End (513-745-3249 or end@xavier.edu), or the Chair of Xavier University's Institutional Review Board (513-745-2870).

By pressing continue, you are indicating your informed consent for participation.
Appendix I

Volunteer Application

Assuming your agency is currently accepting new volunteers, please read the following volunteer application.

Name: Mary Smith  
Age: 35

Address: 1234 Vineyard Ave.  
City: Cincinnati  
State: OH  
Zip: 42345

Phone: (Home) 555.234.5678  
(Work) 555.234.7890  
(Cell) 555.123.4567

Email Address: MarySmith1234@gmail.com

Employer: A local manufacturing company

Current Position: Executive Assistant

Previous volunteer experience:

1. Soup Kitchens: served food to homeless people.
2. Thrift Stores: stocked shelves.

Educational Background:

High School: Yes  
College/University: Yes  
Graduate School: None

Course of Study: N/A  
Course of Study: BA in History  
Course of Study: N/A

When are you available to volunteer? Check all that apply.

Weekends: _X_  
Weekdays: ____  
Evenings: _X_

How often would you like to volunteer?

Daily: ____  
Weekly: _X_  
Monthly: ____  
Occasionally: ____

Do you have access to transportation to travel to and from your volunteer position?

Yes: _X_  
No: ____

Have you ever been convicted of a criminal offense?

Yes: ____  
No: _X_
Appendix J

Volunteer Applicant Interview Transcript

1. What is your interest for volunteering?

(Long pause) I am interested in volunteering because it provides me with the opportunity to help other people and give back to my community. (Long pause) Some of my co-workers volunteer and they suggested that I start volunteering again. I thought it was a good idea, so I filled out a volunteer application.

2. Your resume indicates that you have volunteered in the past. What have you enjoyed most about previous volunteer work?

(I don't know...long pause) The thing that I have enjoyed most is that volunteering helps me take my mind off of any stressful things going on in my life; and I have found that helping other people makes me feel good. It feels like I am making a difference.

3. Are you involved in other organized activities?

(I don't know...long pause) Well, I am involved at church; Once a month, I help make food that others take to and serve at a homeless shelter. Also, I participate in community clean-up day every year.

4. What would you say are three of your strengths?

(I don't know...long pause) One of my strengths is that I am a hard worker and I give my best effort on everything I do. (Long pause) Another strength of mine is that I am very dependable. I am always on time to work and when I am given assignments, I always complete them. Last, I am very respectful of other people.

5. What are your personal goals for this experience?

(Long pause) One goal is to help other people. There are so many people who are in need of some kind of help! (Long pause) I also want to add another meaningful activity to my weekly schedule, and I know from previous experience that volunteering is an activity that makes me feel good about myself. Like I indicated on my application, I would like to volunteer on a weekly basis.
Appendix K

Manipulation Check

*In order to determine how closely you read the application and how closely you watched the video-clip, please answer the following questions:*

1. What was the name of the volunteer applicant?
   
   A. Laura
   
   B. Mary
   
   C. Jessica
   
   D. Sally

2. Place a checkmark next to the phrase(s) that best describe the volunteer applicant’s behavior during the interview. Check all those that apply:

   ____ Little eye contact with the interviewer

   ____ Took a long time to respond when answering the interviewer’s questions

   ____ Smiled a lot with the interviewer

   ____ Talked slowly

   ____ Low speech volume
Appendix L

Demographic Form

*Please provide answers to the following demographic questions:*

**Age:**

**Gender:** Male    Female

**Race/Ethnicity:** (please circle)

- White, Non-Hispanic
- Black, Non-Hispanic
- Hispanic
- Asian/Pacific Islander
- Native American/Alaskan Native

**Other:**

**Number of years working at the non-profit organization:**
Appendix M

Participant Raffle Decision Page

If you would like to be entered into the raffle, please click on the following link that will take you to a separate survey where you will provide your name and email address.

www.surveymonkey.com

If you do not wish to be entered into the raffle, simply click ‘Continue’ below to complete the study.
Appendix N

Participant Raffle Information Form

*In order to be entered into the raffle, please give your name and email address below:*

Name: ____________________________

Email Address: ____________________
Appendix O

Debrief Form

Thank you for your participation in this study! Previous research has indicated that depressed individuals are rejected in many different types of social situations. Specifically, individuals with depression are rejected in informal social interactions, like talking with someone and judging whether you want a friendship with that person, and are also rejected in formal social interactions, like employee selection and promotion situations. The purpose of this study was to evaluate whether depressed individuals are rejected in volunteer situations that involve a selection process.

Everyone who participated in the study read the application of a potential volunteer and watched a video-clip of her being interviewed for a volunteer position. Some of you watched a video-clip in which the volunteer applicant exhibited several behaviors characteristic of depression, whereas others watched a video-clip that did not include depressive behaviors. After reading the volunteer application and watching the video-clip, we asked you to complete several social rejection questionnaires in order to evaluate whether depressed individuals were more socially rejected in volunteer situations than non-depressed individuals.

Your participation in this study is greatly appreciated. In order to prevent reactivity, we ask that you do not discuss the purpose of this study with others, especially others who work in your office or others you may have forwarded the email to, as they may also be participants. If you have any questions or concerns or are interested in the results of this study, you are welcome to talk with Lauren James (513-484-0729 or JamesL1@xavier.edu) or Dr. Christian End (513-745-3249).

THANK YOU AGAIN FOR YOUR PARTICIPATION
Chapter V: Dissertation

Abstract

The present study examined whether individuals exhibiting behaviors characteristic of depression are rejected in volunteer selection situations. Volunteer coordinators ($N = 92$) from non-profit organizations, read the application of a potential volunteer and watched a randomly assigned video-taped interview of either a volunteer applicant who exhibited depressed behaviors or an applicant who did not exhibit such behaviors. Results indicated that the applicant behaving depressed was hired to the volunteer position less frequently, rated as less hireable, perceived to be less appropriate for work-related social tasks, held in a lower esteem, and held at a greater social distance than the control. This study provides experimental evidence that depressive behaviors may prevent depressed individuals from securing volunteer positions which could be therapeutic.
Depression and Rejection: Investigating Whether Depressed Individuals are Rejected in Volunteer Selection Situations

A woman who has battled serious depression for most of her adulthood stated "I thought I was worthless, but volunteering gave me back some self-esteem and helped me to stop feeling so isolated" (Oliver, 2006, p. 1). Imagine if the depressed woman quoted above never got the opportunity to volunteer; imagine how different her life would be. Although volunteering is negatively correlated with depressive symptoms (Li & Ferraro, 2006; Lum & Lightfoot, 2005; Musick & Wilson, 2003) and research consistently demonstrates that people who volunteer report better health and greater happiness than people who do not volunteer (Borgonovi, 2008; Piliavin & SiegI, 2007; Thoits & Hewitt, 2001), depressed individuals may not get the opportunity to volunteer. The purpose of this study is to examine whether depressed individuals are rejected in volunteer selection situations.

Stigma of Mental Illness

Mentally ill individuals are often stigmatized by others. Public stigma occurs when people endorse a set of prejudicial attitudes, negative beliefs, and discriminatory behaviors towards individuals with mental illness (Corrigan, 2000). Unfortunately, these stigmatized individuals may recognize the public’s negative responses and internalize them, a process that results in self-stigma (Corrigan & Watson, 2002). Both types of stigma can negatively affect the lives of people with mental illness.

The degree of stigma varies depending on the specific clinical diagnosis, with research demonstrating that psychological diagnoses are more strongly correlated with stigma than medical diagnoses. Specifically, the public holds a significantly more negative perception and attitude towards people with mental health difficulty than people with intellectual disability (Lau
& Cheung, 1999). Similarly, in terms of self-stigma, individuals with mental illness (schizophrenia) experience significantly more work-related stigma as well as stigma from family members, friends, and significant others compared to people with physical health issues (diabetes; Lee, Lee, Chiu & Kleinman, 2005).

**Stigma of Depression**

Individuals with depression are subjected to both public and self stigma. Research has demonstrated that the public views depressed individuals as potentially dangerous and capable of arousing negative emotions, like pity and fear, from others (Angermeyer & Matschinger, 2004; Peluso & Blay, 2009). Similarly, individuals with depression and anxiety disorders are more likely to report experiencing self-stigma than people with chronic physical conditions (Alonso et al., 2008).

Many adverse consequences are associated with the stigmatization of those with mental illness. One adverse consequence is social rejection. Mentally ill individuals, particularly those who are depressed, are rejected in friendship situations (Coyne, 1976; Joiner, 1996; Joiner & Metalsky, 1995; Strack & Coyne, 1983) as well as employee selection and promotion situations (Chan, McMahon, Cheing, Rosenthal, & Bezyak, 2005; Kosar, Matsuyama, & Kopelman, 1999).

**Theories of Why the Depressed are Rejected**

Coyne’s (1976) interactional theory of depression argues that depressed individuals’ needs for interest, concern, and sympathy from the social environment can become burdensome over time and can cause their friends and family to view interactions with them as unpleasant. Eventually, others may reject or avoid the depressed individual. This theory is well supported as research has consistently found a significant relationship between depression and rejection
Whereas Coyne maintains that depressed individuals’ needs lead to social rejection, Lewinsohn’s model asserts that depressed individuals’ social skills deficits elicit rejection from others. Specifically, Lewinsohn’s argues that depressed people lack social skills, which are behaviors that are generally reinforced by others, and therefore receive negative feedback in the form of rejection from their social environment (McCann & Lalonde, 1993). Research has demonstrated that the public, as well as depressed individuals themselves, rate depressed individuals’ social skills as lacking (Dalley, Bolocofsky & Karlin, 1994; Youngren & Lewinsohn, 1980).

**Depression and Rejection**

Individuals with depression are rejected in many different types of situations. For example, research utilizing depressed and non-depressed college roommates provides evidence that depressed individuals are rejected in face-to-face interactions with others. Specifically, depressed roommates have been found to induce a negative mood, for example feelings of anxiety and hostility, in their non-depressed counterparts (Coyne & Strack, 1983; Hokanson et al., 1989). In addition, individuals with depression are consistently negatively evaluated and rejected by their non-depressed roommates (Coyne & Strack, 1983; Hokanson et al., 1989; Joiner, 1996; Joiner & Metalsky, 1995).

The depression-rejection relationship also maintains for telephone interactions, where conversing with a depressed male or female elicits rejection (Coyne, 1976), especially by persons of the opposite sex (Hammen & Peters, 1978). Finally, research has demonstrated that depressed individuals described by written, visual, and auditory depictions are rejected by others.
Reading about a depressed person in a vignette elicits rejection from the reader (Sacco & Dunn, 1990); watching a video-taped depiction of a depressed individual elicits rejection from the viewer (Pettit, Paukert, & Joiner, 2005; Vaerum & McCabe, 2001); and, listening to an audiorecording of a depressed individual elicits rejection from the listener (Gurtman, 1987).

**Depression, Rejection, and Workplace Discrimination**

Depressed people are also rejected in other, more formal social interactions, for example those occurring within their workplace. Individuals with depression file significantly more allegations of discrimination under the Americans with Disabilities Act than people with other physical or mental disabilities (Chan et al., 2005), indicating that they perceive discrimination in the workplace.

Research has illustrated that depressed individuals are, in fact, discriminated in both employment and promotion situations. Specifically, employers are more willing to hire a physically disabled applicant compared to an applicant with depression, as they foresee potential performance problems and have concerns about absenteeism with the depressed applicant (Koser, Matsuyama, & Kopelman, 1999). Individuals with depression are also less likely to get a job interview (Pearson, Ip, Hui, Yip, Ho, & Lo, 2003) and are less likely to be recommended for a promotion compared to those with physical and medical disorders (Bordieri & Drehmer, 1997).

In addition to experiencing rejection in employee selection and promotion situations, individuals with depression may also experience rejection in volunteer situations. If discrimination does occur in volunteer situations, it could be harmful, as research demonstrates that volunteering is associated with many mental health benefits that could be particularly helpful for those with depression (Li & Ferraro, 2006; Lum & Lightfoot, 2005; Musick & Wilson, 2003).
Volunteerism, Well-Being, and Depressed Individuals

People who volunteer report better health and greater happiness than people who do not volunteer (Borgonovi, 2008; Piliavin & Siegl, 2007; Thoits & Hewitt, 2001). Unfortunately, research has illustrated that the benefits of volunteering are not necessarily universal across age and gender. Specifically, volunteering has been negatively correlated with depressive symptoms in older adults (Li & Ferraro, 2006; Lum & Lightfoot, 2005; Musick & Wilson, 2003), but the relationship between volunteering and depression among younger adults is less clear. Although some research has demonstrated that volunteering is associated with reduced depression symptoms in younger adults (Rietschlin, 1998), other research has found no such relationship (Li & Ferraro, 2006). In regards to gender, volunteering is associated with a reduced risk of developing depressive symptoms for women but not for men (Ahern & Hendryx, 2008).

Although the methodology used to examine the volunteering-depression relationship is primarily correlational, laboratory research on the effects of helping behavior on mood demonstrates that when people engage in helping behavior, their mood improves (Millar, Millar, & Tesser, 1988; O’Malley & Andrews, 1983; Williamson & Clark, 1989; Yinon & Landau, 1987). Therefore, when a person is feeling depressed, performing a helpful deed has the potential of improving his or her mood.

Volunteering as an Intervention

There are many benefits associated with volunteering (Borgonovi, 2008; Li & Ferraro, 2006; Lum & Lightfoot, 2005; Musick & Wilson, 2003; Thoits & Hewitt, 2001), and therefore practicing psychologists often incorporate volunteer activity into therapeutic interventions. Behavioral activation for depression, for example, is a specific type of behavior therapy that teaches clients to engage in activities that are reinforcing to them, like volunteering (Barlow,
2008). Even more, a treatment delivery model that allows clients to earn therapy hours in exchange for hours of volunteer work has emerged (Hubbell, 2007).

To date, no studies have examined whether depressed individuals are rejected in volunteer selection situations. The present study extends the current research on the depression-rejection relationship by evaluating if depressed individuals are, in fact, rejected in these situations. Since non-profit organizations are essentially getting a service at no cost by hiring volunteers, it was hypothesized that the applicant who exhibited depressive behaviors would not be denied the opportunity to volunteer. Instead, it was predicted that she would be rated as less hireable and less appropriate for social tasks, held in a lower esteem, and held at a greater social distance than the applicant who did not exhibit depressive behaviors.

Method

Participants

Participants included 92 volunteer coordinators from non-profit organizations in the Midwestern part of the United States ($M_{age} = 38.10$ years; $SD = 6.31$ years). They were recruited to participate in a study examining how people make volunteer selection decisions. The majority of participants were female and identified themselves as White/Non-Hispanic (see Table 1 for demographic information). In exchange for their participation, participants were entered into a raffle with the winner receiving $100 for him/herself and $100 for their non-profit organization. It should be noted that three participants failed to provide demographic information.

Recruitment of participants. The researcher first attended two Cincinnati Association of Volunteer Administrators (CAVA) meetings and asked those in attendance (approximately 45 members in total) who were volunteer coordinators at their respective agencies to participate in
this study. From these meetings, 26 CAVA members were willing to participate. Next, the researcher randomly sampled from a list of 600 non-profit organizations, most of which are located in Ohio, and called/emailed 300 of those organizations asking their volunteer coordinators to participate. Of the 300 non-profit organizations contacted, 62 volunteer coordinators were willing to participate, a response rate of approximately 20%. A standardized recruitment script was used to recruit participants at the CAVA meetings, as well as via the phone/email.

During the participant recruitment process, an employee of a non-profit organization that employs multiple volunteer coordinators offered to post a description of this study, along with the researcher’s contact information, on the organization’s intranet in order to recruit more participants. In response, six volunteer coordinators who were willing to participate contacted the researcher.

Measures

**Hireability of Applicant.** Consistent with past research (Bordieri & Drehmer, 1997), the perceived hireability of the applicant was measured by asking the participants, “To what extent is the applicant hirable for this volunteer position?”. Participants responded to this item on a 9-point scale from *not hirable* to *extremely hirable*.

**Task Appropriateness Survey.** This measure was created for the current study to determine whether discrimination occurs in the types of tasks the volunteer applicant was assigned. It includes a list of six tasks requiring different levels of social contact. Participants rated, on a 7-point Likert scale, how appropriate each task would be for their volunteer applicant, where a low score indicates that the task is *not appropriate* and a high score indicates that the task is *very appropriate*. 
According to Koser et al. (1999), *The Dictionary of Occupational Titles* (Farr, Ludden, & Shatkin, 2002) categorizes jobs according to several constructs, including conceptual, technical, and people skills. Based on the *Dictionary of Occupational Titles*’ classification system, three tasks associated with occupations that require little social contact with other people (i.e., “entering data into the computer”, “preparing records and reports”, and “preparing charts and diagrams”) and three tasks associated with occupations that require a lot of social contact with other people (i.e., “greeting persons entering the establishment”, “answering questions and providing information to the public”, and “directing visitors/volunteers to specific destinations”) were generated. Additionally, these particular tasks were chosen because they were listed in the descriptions of several volunteer positions that were posted online.

The appropriateness scores for “entering data into the computer”, “preparing records and reports”, and “preparing charts and diagrams” were summed to create a total appropriateness score for the non-social tasks (Cronbach’s alpha = .87). Similarly, the appropriateness scores for “greeting persons entering the establishment”, “answering questions and providing information to the public”, and “directing visitors/volunteers to specific destinations” were summed to create a total appropriateness score for the social tasks (Cronbach’s alpha = .96). For both subscales, higher total scores indicated greater perceptions of appropriateness.

**Willingness to Hire.** As another way to measure the perceived hireability of the applicant, the participants were asked, in the form of a yes or no question, if they would hire the applicant. If the participants would not allow the person to volunteer at their organization, they were asked to describe, in an open-ended fashion, the conditions that would be necessary for them to hire the applicant. Of the 92 participants, 17 completed the open-ended item.
Evaluation of Target on Revision of Rosenberg Self-Esteem Questionnaire. (R-SEQ: Rosenberg, 1965; Swann, Wenzlaff, Krull, & Pelham, 1992). This 10 item questionnaire, which was presented to the participants as “Beliefs about the Volunteer Applicant”, is a revision of the original scale that measures the esteem in which the participants hold the target (i.e., volunteer applicant). Pettit et al. (2005) considers this questionnaire to be “a measure of that aspect of rejection involving negative evaluation of the target’s global worth as a person” (p. 258). Consistent with how the R-SEQ was used in previous depression-rejection research (Joiner, 1996; Joiner, Alfano, & Metalsky, 1992; Pettit et al., 2005), the items were reworded so that participants completed it in regard to the esteem in which they held the volunteer applicant (i.e., the instructions were to “Indicate the extent to which you agree with the following statements about the volunteer applicant”). For example, one item reads, “I feel that the volunteer applicant is a person of worth, at least on an equal plane with others”. Each of the items is rated on a 4-point scale from strongly agree to strongly disagree. A sum of the items was calculated to determine the total score (Cronbach’s alpha = .89), with higher scores indicating greater esteem of the applicant. The R-SEQ’s validity and reliability have received empirical support (Joiner et al., 1992; Swann, Wenzlaff, & Tafarodi, 1992).

Willingness-to-Interact Scale. (WILL: Coyne, 1976). The WILL scale includes a series of nine questions that evaluate the participants’ level of willingness to interact with the applicant. Each of the items, (e.g., “Would you like to meet this person?”), is rated on a 6-point scale from not willing to very willing. A sum of the items was calculated (Cronbach’s alpha = .90), with lower scores indicating less willingness to interact with the applicant. The WILL scale, or some adaptation of it, has been used in previous depression-rejection research (Gurtman, 1987; Hammen & Peters, 1978; Joiner & Metalsky, 1995; Strack & Coyne, 1983; Vaerum & McCabe,
2001; Winer, Bonner, Blaney, & Murray, 1981). The WILL scale's reliability and construct validity have received empirical support (Burchill & Stiles, 1988; Coyne, 1976).

**Procedure**

This study was approved by the Xavier University Institutional Review Board (IRB; see Appendix A). Volunteer coordinators, or people who are responsible for recruiting volunteers, were asked to participate in exchange for a chance to win $100 for their personal use as well as $100 for their non-profit organization. They were told that the study is examining how people make volunteer selection decisions. If they chose to participate, they received an email directing them to an online survey. Participants read an online informed consent document before access to the research materials was granted.

The participants read the application of a potential volunteer, which was created using the United Way volunteer application as a guide (see Appendix B). The participants were then randomly assigned to watch a video-clip of either an applicant who exhibited depressive behaviors (depressed behaviors condition) or an applicant who did not exhibit such behaviors (non-depressed behaviors condition) being interviewed for a volunteer position. The actress in both of the video-clips was a 30-year-old Caucasian female who was instructed to respond to a series of five questions posed by the interviewer (see Appendix C for interview transcript). The interviewer, who was not on camera, was female. Although the content of the interview was standardized, only the depressed applicant engaged in behaviors characteristic of depression. These behaviors, which are consistent with the research on social skills deficits and depression (Darby, Simmons, & Berger, 1984; Dow & Craighead, 1987; Ellgring & Scherer, 1996; Youngren & Lewinsohn, 1980), included: minimal eye contact, long pause duration, low speech volume, low speech rate, and flat affect. The actress exhibited these depressive behaviors, albeit not continuously, throughout most of the video-clip. For example, she made eye contact sporadically
(i.e., roughly 30% of the interview), she engaged in long pauses before responding to the interviewer’s questions, and although she did present flat affect, she smiled occasionally. It should be noted that the actress was positioned directly across from both the interviewer and the camera so that certain behaviors could easily be seen by the participants (i.e., eye contact and affect).

After reading the volunteer application and watching the randomly assigned video-clip, the participants rated their perceptions of the applicant’s hireability. Next, using the Task Appropriateness Survey, the participants rated the appropriateness of several tasks requiring different levels of social contact for their volunteer applicant. The participants then indicated if they would allow the person to volunteer at their organization, and if their answer was “no”, they described the conditions that would be necessary for them to hire the applicant.

Then, in order to assess the participants’ evaluation of the applicant and their willingness to engage in future interaction with the applicant, the participants completed several questionnaires, including the Evaluation of Target on Revision of Rosenberg Self-Esteem Questionnaire and the Willingness-to-Interact Scale. After completing all the dependent measures, the participants completed a series of items that functioned as a manipulation check. The participants identified the absence/presence of the following behaviors; “little eye contact with the interviewer”, “took a long time to respond when answering the interviewer’s questions”, “smiled a lot with the interviewer”, “talked slowly”, and “low speech volume”. Demographic information was then collected. Finally, participants were given the opportunity to provide identifying information, including their name and email address, in order to be entered into the raffle. To insure confidentiality, this information was stored separately from all other data. After
completion of data collection, all participants read a debriefing document online and were thanked for their participation in the research study.

Results

Manipulation Check

The participants identified (absence/presence) whether the applicant they viewed exhibited five of the behaviors characteristic of depression (i.e., “little eye contact with the interviewer”, “talked slowly”, etc.). Across the five behaviors, 73.3% of participants correctly identified the absence/presence of the behaviors. In regards to the specific behaviors, the percent of participants who correctly recognized the absence/presence of the behaviors was: 82.2% for little eye contact with the interviewer, 81.1% for took a long time to respond when answering the interviewer’s questions, 70.8% for low speech volume, 66.7% for talked slowly, and 65.6% for smiled a lot with the interviewer. See Table 2 for the percent of participants in each condition who correctly identified the behaviors.

Willingness to Hire

A 2 (condition: depressed behaviors or non-depressed behaviors) x 2 (decision to hire applicant: yes or no) chi-square contingency test was used to determine if the proportion of participants in the depressed behaviors condition who indicated that they would hire the applicant was significantly less than the proportion of participants in the non-depressed behaviors condition who indicated that they would hire the applicant (hypothesis one). The proportion of participants in the depressed behaviors condition who hired the applicant (60.9%) was significantly less than the proportion of participants in the non-depressed behaviors condition who hired the applicant (95.7%), $X^2(1, N = 92) = 16.36, p < .001.$
Hireability and Appropriateness of Tasks

To determine whether there was an impact of the condition (depressed behaviors or non-depressed behaviors) on the participants’ perceptions of the applicant’s hireability (as measured by a nine-point likert scale), appropriateness for non-social tasks, and appropriateness for social tasks (*hypotheses two and three*), a MANOVA was conducted. The condition (depressed behaviors or non-depressed behaviors) functioned as the independent variable, with the dependent variables being the participants’ total scores on the Hireability of Applicant measure, the total appropriateness score for the three non-social tasks, and the total appropriateness score for the three social tasks. Results of the MANOVA indicted a significant effect of the condition, Wilks’ $\Lambda = .31$, $F(3, 88) = 66.40, p < .001$, multivariate $\eta^2 = .69$. The mean and standard deviation of each outcome variable for each condition are presented in Table 3.

Multiple post hoc ANOVAs, one for each dependent variable, were conducted to assess whether there are differences between the conditions for each of the dependent variables. All follow-ups were adjusted using the Bonferroni correction (.05/3). The condition significantly affected hireability ratings ($F(1, 90) = 75.70, p < .001$, partial $\eta^2 = .46$), where an inspection of the mean scores indicated that the applicant who exhibited depressed behaviors was rated as less hireable than the applicant who did not exhibit such behaviors. The condition also significantly affected perceptions of the appropriateness of social tasks ($F(1, 90) = 174.48, p < .001$, partial $\eta^2 = .66$). Social tasks were perceived to be significantly less appropriate for the applicant who exhibited depressed behaviors than the applicant who did not exhibit depressed behaviors. The condition did not influence the total appropriateness score for the three non-social tasks.
Social Rejection

To determine whether the condition (depressed behaviors or non-depressed behaviors) influenced the esteem in which the participants held the applicant as well as their willingness to interact with the applicant (hypothesis four), a MANOVA was conducted. The condition (depressed behaviors or non-depressed behaviors) functioned as the independent variable, with the dependent variables being the participants’ total scores on the two social rejection measures, including the Evaluation of Target on Revision of Rosenberg Self-Esteem Questionnaire and Willingness to Interact Scale. Results of the MANOVA indicted a significant effect of the condition, Wilks’ $\Lambda = .62$, $F(2, 89) = 27.30$, $p < .001$, multivariate $\eta^2 = .38$. The mean and standard deviation of each outcome variable for each condition are presented in Table 3.

Two post hoc ANOVAs, one for each dependent variable, were conducted to assess whether there are differences among groups for the dependent variables. All follow-ups were adjusted using the Bonferroni correction (.05/2). The effect of the condition was significant for the esteem in which the participants held the applicant ($F(1, 90) = 54.54$, $p < .001$, partial $\eta^2 = .38$). The mean scores indicated that the applicant who exhibited depressed behaviors was held in a lower esteem compared to the applicant who did not exhibit these behaviors. The effect of the condition was also significant for willingness to interact with the applicant ($F(1, 90) = 27.67$, $p < .001$, partial $\eta^2 = .24$). Participants were less willing to interact with the applicant who engaged in depressed behaviors than the applicant who did not engage in these behaviors.

Discussion

The connection between depression and rejection is well established. Research has demonstrated that depressed individuals are rejected in friendship (Coyne, 1976; Strack & Coyne, 1983), employee selection (Koser et al., 1999; Pearson et al., 2003) and promotion
situations (Bordieri & Drehmer, 1997). The goal of the present study was to expand upon this existing body of research and evaluate whether individuals exhibiting behaviors characteristic of depression are rejected in volunteer selection situations. Overall, and consistent with the literature (and the majority of the study’s hypotheses), the volunteer applicant who exhibited depressed behaviors was less likely to be hired, rated as less hirable and less appropriate for social tasks, held in a lower esteem, and held at a greater social distance than the applicant who did not exhibit depressed behaviors. From this point forward, the applicant who exhibited depressed behaviors will be referred to as the “depressed applicant”, and the applicant who did not engage in these behaviors will be referred to as the “non-depressed applicant”.

The first hypothesis assessed whether the participants were willing to hire the volunteer applicant to their non-profit organizations. Since non-profit organizations are essentially getting a service at no cost by hiring volunteers, it was hypothesized that both the depressed and non-depressed applicant would be hired to the volunteer position and that rejection would be manifested in other ways. Contrary to this hypothesis, the proportion of participants in the depressed behaviors condition who hired the applicant was significantly less than the proportion of participants in the non-depressed behaviors condition. These results highlight the strength of the depression-rejection relationship such that even when the financial costs are minimal, if nonexistent, individuals exhibiting depressive behaviors are denied the opportunity to volunteer.

Although there was a significant difference between the amount of participants who hired the applicant in the depressed behaviors and non-depressed behaviors conditions, it is important to note that the depressed applicant was, in fact, hired by 60.9% of the participants assigned to that condition. However, compared to the non-depressed applicant who was hired by almost all (95.7%) of the participants assigned to that condition, it is clear that individuals exhibiting
Depressive behaviors are more likely to experience rejection in volunteer selection situations than people who do not exhibit these behaviors.

There are several possible explanations for why the depressed applicant was not hired to the volunteer position. First, and in accordance with Lewinsohn’s interpersonal theory of depression, the depressed applicant could have been rejected based on the depressive behaviors she exhibited in the video-clip. These behaviors included minimal eye contact, long pause duration, flat affect, low speech rate, and low speech volume. The results of the manipulation check indicate that the participants were able to identify the depressive behaviors, especially minimal eye contact and flat affect. Also, in response to the open-ended question “What conditions would be necessary for you to hire the applicant?”, 7 of the 17 participants who responded stated that they would have hired her if she was more enthusiastic/energetic/happy. Even more, several participants ($n = 3$) indicated that they would hire the depressed applicant if she underwent training in “interpersonal skills”.

Future research should examine which specific depressive behavior (or interaction of behaviors) elicits rejection, taking into account that participants in this study were most aware of the depressed applicant’s tendency to make minimal eye contact and to have a flat affect. It may be that a single form of depressive behavior is unable to elicit rejection (e.g., minimal eye contact), and that rejection stems from an interaction of depressive behaviors (e.g., minimal eye contact AND flat affect). Because the depressed applicant engaged in five depressive behaviors throughout the interview, it is impossible to know whether rejection stemmed from a certain behavior or an interaction of all (or some) of the depressive behaviors. It is also unknown to what extent the manner in which the depressed behaviors were expressed affected the rejection. Would the degree of rejection be similar if the depressed behaviors occurred less frequently or
were less recognizable? Would the differences observed be widened if the behaviors were more noticeable or more frequent? The fact that a percentage of participants failed to correctly identify the depressive behaviors suggests the strength of this study’s manipulation falls somewhere between too subtle and blatantly obvious. Future research should identify the point at which each of the depressive behaviors is of sufficient intensity to elicit rejection from the public. Despite the inability to isolate the specific cause and the inability to precisely determine the relative strength of the depressed behaviors, this is the first known study to use an experimental design to manipulate depressive behaviors in order to understand their role in social rejection and discrimination.

Another possible explanation for why the depressed applicant was not hired to the volunteer position is that the depressive behaviors could have lead to a “lay diagnosis” of depression and the subsequent labeling of the applicant as being “depressed”. This label may have triggered the participants’ prejudicial attitudes and negative beliefs about people with depression, or in a more general sense, people with mental illness. For example, research demonstrates that the public believes mentally ill individuals are dangerous (Link, Phelan, Bresnahan, Stueve, & Pescosolido, 1999), responsible for their illness (Martin, Pescosolido, & Tuck, 2000), and are socially inappropriate and unpredictable (Socall & Holtgraves, 1992). Consequently, activation of this schema might have negatively influenced the participants’ decisions to hire (more specifically, not hire) the depressed applicant for the volunteer position. Future research should investigate whether individuals exhibiting depressive behaviors are rejected because of the behaviors they exhibit and/or the “depressed” label people assign to them. This study provides initial experimental evidence that an official diagnosis (label) is not necessary to elicit rejection.
In addition to being denied the opportunity to volunteer, the depressed applicant was rated as less hirable than the non-depressed applicant (hypothesis 2), which might be indicative of the volunteer coordinators’ perceptions of the applicant’s ability to perform certain tasks. In fact, the results indicated that social tasks were perceived to be significantly less appropriate for the depressed applicant compared to the non-depressed applicant (hypothesis 3), suggesting that individuals exhibiting depressive behaviors are discriminated against by being designated to tasks that are non-social in nature. Finally, the participants held the depressed applicant in a lower esteem and were less willing to interact with her compared to the non-depressed applicant (hypothesis 4). Consistent with the decision to hire, these results can be attributed to the depressive behaviors and/or the depressed “label” participants may have assigned to the applicant.

One particularly important finding is that, in comparison to the non-depressed applicant, the depressed applicant was deemed appropriate to complete non-social tasks and less appropriate to complete social tasks. It is important to consider two possible explanations when interpreting the results of the Task Appropriateness Survey, which was created for this study. First, impaired social skills have been found to be associated with depression (Segrin, 2000), and as such, depressed individuals engage in behaviors that are aversive to others (i.e., minimal eye contact, flat affect, etc.). It could be that volunteer coordinators were less willing to assign the depressed applicant to tasks that require a large amount of social skills (i.e., greeting people, answering questions and providing information to the public, and directing visitors/volunteers to specific destinations), as the applicant would likely perform these tasks poorly and could possibly tarnish the non-profit organization’s reputation.
It is also possible that volunteer coordinators assigned a “depressed” label to the applicant, causing any negative beliefs they may have about depressed people to surface. For example, research illustrates that the public views depressed individuals as potentially dangerous and capable of arousing negative emotions in others (Peluso & Blay, 2009). Given the nature of these beliefs, it is understandable why, in comparison to the non-depressed applicant, volunteer coordinators might rate the depressed applicant as more appropriate for tasks that require minimal social interaction. Additionally, the public desires social distance from depressed individuals, which can be achieved by assigning them to non-social tasks.

In sum, this research illustrates that individuals exhibiting depressive behaviors are rejected in volunteer selection situations. These findings have several important implications for psychologists and depressed individuals. For psychologists, these results suggest that incorporating volunteer activity into therapeutic interventions for depressed individuals may be exposing them to yet another situation where they are rejected, possibly retarding their treatment. As the association between volunteering and reduced depressive symptoms varies by age (Li & Ferraro, 2006; Lum & Lightfoot, 2005; Musick & Wilson, 2003) and gender (Ahern & Hendryx, 2008), psychologists should therefore assess the risks (rejection or social isolation) versus benefits of recommending volunteer activity on a case-by-case basis. It should be noted, however, that most (if not all) people experience rejection throughout their lives and learn skills to cope with these situations over time. Thus, psychologists should avoid fragilizing their depressed clients by assuming that they cannot cope with being rejected in volunteer selection situations.

In regards to depressed individuals, this research provides evidence that certain depressive behaviors, particularly minimal eye contact and flat affect, elicit rejection from
others. Changing these behaviors may enable individuals with depression to reduce social rejection. Psychologists should educate their depressed clients about this and other depression-rejection research. For example, psychologists could reference Lewinsohn’s interpersonal theory of depression and its supporting research (Dalley et al., 1994; McCann & Lalonde, 1993; Youngren & Lewinsohn, 1980), which illustrates that depressed individuals’ social skills deficits elicit rejection from the public. After depressed individuals understand this relationship, psychologists could provide the depressed individual with the appropriate social skills training.

Due to the fact that this study used an experimental design, there are inherently concerns about external validity. For example, a person enacting a depressed role was used in the video-clip rather than a depressed individual. In addition, to insure standardization the study’s interview was likely more structured than an actual volunteer interview, as the interviewer asked a series of questions and avoided unstructured dialogue. Finally, the participants in this study watched a video-taped interview, whereas “real world” volunteer interviews are typically face to face or conducted over the phone, which again enables unstructured dialogue. Despite the aforementioned concerns, efforts were made to maximize the study’s external validity. For example, the interview questions were based on actual questions used by several non-profit organizations, the volunteer application was created using the United Way volunteer application as a guide, and the sample consisted of people who are responsible for making “real world” volunteer selection decisions (i.e., volunteer coordinators).

Limitations of the study include the generalizability of the results (to non-respondents), as well as the relative homogeneity of the participants. Despite these concerns, the potential of selection bias was eliminated via random assignment. Additionally, although the lack of gender diversity might be construed as a limitation of the study, a majority of volunteer coordinators are,
in fact, women (Syndicate PayScale Data, 2011). A final limitation is that although the interview/personal interaction is an influential aspect of the selection process, it is often one of many determinants in terms of securing a volunteer position.

Volunteering can be therapeutic in and of itself, as research demonstrates that volunteer work is associated with many mental health benefits (Borgonovi, 2008; Li & Ferraro, 2006; Lum & Lightfoot, 2005; Musick & Wilson, 2003; Thoits & Hewitt, 2001). As such, practicing psychologists often incorporate volunteer activity into therapeutic interventions. Thus, it is important to help depressed individuals improve their social skills so that they are not at a disadvantage during volunteer interviews. After all, volunteering is an outlet where depressed individuals can help themselves by helping others.
References


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<tr>
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<th>Depressed</th>
<th>Non-Depressed</th>
<th>Total</th>
</tr>
</thead>
<tbody>
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<td>$n = 43$</td>
<td>$N = 89$</td>
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<td>89.1%</td>
<td>100.0%</td>
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<td>4.3%</td>
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<td>97.8%</td>
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<td>Male</td>
<td>2.2%</td>
<td>7.0%</td>
<td>4.5%</td>
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Table 2

*Percent of Participants in the Depressed and Non-Depressed Conditions who Correctly Identified the Absence/Presence of Certain Applicant Behaviors*

<table>
<thead>
<tr>
<th>Manipulation Variable</th>
<th>Depressed</th>
<th>Non-Depressed</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Little eye contact with the interviewer</td>
<td>100.0</td>
<td>63.6</td>
<td>82.2</td>
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<tr>
<td>Long pause duration</td>
<td>71.7</td>
<td>90.9</td>
<td>81.1</td>
</tr>
<tr>
<td>Low speech volume</td>
<td>62.2</td>
<td>79.6</td>
<td>70.8</td>
</tr>
<tr>
<td>Talked slowly</td>
<td>65.2</td>
<td>68.2</td>
<td>66.7</td>
</tr>
<tr>
<td>Smiled a lot with the interviewer</td>
<td>100.0</td>
<td>29.6</td>
<td>65.6</td>
</tr>
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</table>
Table 3

*Means and Standard Deviations for Depressed and Non-Depressed Conditions*

<table>
<thead>
<tr>
<th>Variable</th>
<th>Depressed</th>
<th>Non-Depressed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hireability</td>
<td>4.65(1.77)*</td>
<td>7.43(1.26)</td>
</tr>
<tr>
<td>Appropriateness for Non-Social Tasks</td>
<td>13.80(3.52)</td>
<td>14.30(4.30)</td>
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<tr>
<td>Appropriateness for Social Tasks</td>
<td>8.33(4.33)*</td>
<td>17.83(2.24)</td>
</tr>
<tr>
<td>Esteem of the Applicant</td>
<td>28.52(4.03)*</td>
<td>34.07(3.12)</td>
</tr>
<tr>
<td>Willingness to Interact</td>
<td>31.17(8.34)*</td>
<td>39.26(6.26)</td>
</tr>
</tbody>
</table>

* Indicates significant differences between conditions at $p < .001$. 
Appendix A

IRB Approval Letter

2 August 2010

Ms. Lauren James, M.A.
3047 Springer Ave.
Cincinnati, OH 45208

Re: Protocol #1011: Depression and Rejection: Investigating Whether Depressed Individuals are Rejected in Volunteer Selection Situations

Dear Ms. James:

The IRB has reviewed the materials regarding your study, referenced above, and has determined that it meets the criteria for the Exempt from Review category under Federal Regulation 45CFR46. Your protocol is approved as exempt research, and therefore requires no further oversight by the IRB. We appreciate your thorough treatment of the issues raised and your timely response.

If you wish to modify your study, including the addition of data collection sites, it will be necessary to obtain IRB approval prior to implementing the modification. If any adverse events occur, please notify the IRB immediately.

Please contact our office if you have any questions. We wish you success with your project!

Sincerely,

[Signature]

Morell E. Mullins, Jr., Ph.D.
Chair, Institutional Review Board
Xavier University

CC: Christian End, advisor
Appendix B

Volunteer Application

Assuming your agency is currently accepting new volunteers, please read the following volunteer application.

Name: Mary Smith                        Age: 35
Address: 1234 Vineyard Ave. City: Cincinnati State: OH Zip: 42345
Phone: (Home) 555.234.5678 (Work) 555.234.7890 (Cell) 555.123.4567
Email Address: MarySmith1234@gmail.com

Employer: A local manufacturing company

Current Position: Executive Assistant

Previous volunteer experience:
1. Soup Kitchens: served food to homeless people.
2. Thrift Stores: stocked shelves.

Educational Background:

High School: Yes                        Course of Study: N/A
College/University: Yes                 Course of Study: BA in History
Graduate School: None                   Course of Study: N/A

When are you available to volunteer? Check all that apply.

Weekends: _X_          Weekdays: _____       Evenings: _X_

How often would you like to volunteer?


Do you have access to transportation to travel to and from your volunteer position?

Yes: _X_           No: _____

Have you ever been convicted of a criminal offense?

Yes: _____          No: _X_
Appendix C

Volunteer Applicant Interview Transcript

1. What is your interest for volunteering?

(Long pause) I am interested in volunteering because it provides me with the opportunity to help other people and give back to my community. (Long pause) Some of my coworkers volunteer and they suggested that I start volunteering again. I thought it was a good idea, so I filled out a volunteer application.

2. Your resume indicates that you have volunteered in the past. What have you enjoyed most about previous volunteer work?

(I don’t know...long pause) The thing that I have enjoyed most is that volunteering helps me take my mind off of any stressful things going on in my life; and I have found that helping other people makes me feel good. It feels like I am making a difference.

3. Are you involved in other organized activities?

(I don’t know...long pause) Well, I am involved at church; Once a month, I help make food that others take to and serve at a homeless shelter. Also, I participate in community clean-up day every year.

4. What would you say are three of your strengths?

(I don’t know...long pause) One of my strengths is that I am a hard worker and I give my best effort on everything I do. (Long pause) Another strength of mine is that I am very dependable. I am always on time to work and when I am given assignments, I always complete them. Last, I am very respectful of other people.

5. What are your personal goals for this experience?

(Long pause) One goal is to help other people. There are so many people who are in need of some kind of help! (Long pause) I also want to add another meaningful activity to my weekly schedule, and I know from previous experience that volunteering is an activity that makes me feel good about myself. Like I indicated on my application, I would like to volunteer on a weekly basis.