Narrative Involvement with a Stigmatized Character: The Influence of Happy vs. Sad Endings on Narrative Processing and De-stigmatization

Dissertation

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Abstract

This dissertation examines how stigma labels and emotional arousal at story-ending impact narrative processing and in-group perception. In particular, the impact of a character’s stigma label and affect aroused at story-ending on identification and its component dimensions is explored. This dissertation focuses on exploring the identification process because it is argued to be a key aspect of narrative involvement that can encourage de-stigmatization. Based on the perspective that positive affect can cue approach (Slovic et al., 2003), it is hypothesized that a happy-ending narrative and a non-stigmatized protagonist will correspond to greater overall identification compared to a sad-ending narrative featuring a stigmatized protagonist.

This dissertation also proposes that examining the separate components of identification may illuminate the distinct influences of stigma label and emotional arousal on aspects of character involvement. Furthermore, adding a perspective-sharing component to the identification construct may increase its predictive validity on in-group perception outcomes. More specifically, merged perspective with a stigmatized character, which includes perspective-sharing and empathic perspective-taking, is argued to be key to motivating in-group perception. Finally, this dissertation explores the notion that identification can function not only as a continuous online process, but also as a retrospective re-appraisal.
Participants (n=308) were randomly assigned to one of six conditions, where they read a short story that featured a protagonist who was either HIV-positive, bipolar, or had no stigma, and a story-ending that was either happy or sad. Afterwards, participants completed a post-test through MediaLab (Jarvis, 2009) where they answered explicit attitude measures about identification with the protagonist, empathy for the protagonist’s stigmatized group, stigma attitudes regarding HIV/bipolar disorder, transportation into the narrative, perceived similarity to the protagonist, degree of liking the protagonist, overall narrative enjoyment, and affective arousal at story-ending. Finally, participants were asked to retell the story in their own words.

Results demonstrated that participants identified more with the protagonist when the story ended on a positive note, especially in the context of a character with bipolar disorder. In general, participants identified less with a stigmatized protagonist compared to a non-stigmatized protagonist. Mediation analyses revealed that there was a significant indirect effect of merged perspective (i.e. empathic perspective-taking and perspective-sharing combined) on in-group perception. However, merged perspective did not significantly mediate de-stigmatized attitudes. Examining the component dimensions of identification demonstrated supported for identification as a re-appraisal, in addition to being a continuous online process. More specifically, while the absorption/motivational component of identification remained consistent between conditions, the perspective-sharing component significantly differed depending on story-ending and stigma-label. These results indicate that while some elements of identification are continuously processed (i.e. understanding the characters motivations and goals and feeling absorbed in the plot), other components may be
re-assessed at story-ending. In this particular instance, affect aroused at story-ending was enough to significantly impact retrospective perspective-sharing with the protagonist.
Dedication

This work is dedicated to my truest confidante and sister, Daisy, and to my loving parents. Thank you for all that you’ve enabled me to accomplish.
Professional Acknowledgements

First and foremost, I am endlessly grateful to Michael Slater, my advisor, for his wisdom and encouragement. My growth as a scholar throughout the years has been made possible by his invaluable mentorship and guidance. I also thank my dissertation committee members, Dave Ewoldsen and Michelle Ortiz, for guiding my curiosity to explore the issues addressed in this work, and for providing thoughtful counsel and support throughout the process. Finally, I would like to thank Melissa Abo for her generous coding assistance and moral support.
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Narrative Involvement and Implications for Perceptions of Stigmatized Others

Entertainment media may provide a particularly effective means through which beliefs and attitudes about stigmatized others can be positively impacted. Narrative involvement with members of perceived social out-groups may influence real-world attitudes about such individuals. In particular, this dissertation proposes that identification with a narrative character is an important mechanism to explore, especially in the context of influencing in-group perception and de-stigmatization. In essence, identification is the merging of self with narrative character (Cohen, 2001). Such intimate, vicarious experience of another individual’s reality may be able to encourage us to reconsider our understanding of our own and others’ social identity. This dissertation explores the identification process and its component dimensions, as well as the potential social identity consequences of identifying with a stigmatized character.

Stigma can be defined as a mark of disgrace associated with a particular circumstance, quality, or person (Goffman, 1963; Smith, 2007). Stigma communication, in which communities spread messages to their members on how to recognize disgraced
individuals, can lead to the social alienation and dehumanization of others (Smith, 2007). Especially in the realm of health stigmas, such negative reactions to socially disadvantaged others is psychologically and physiologically counter-productive because it can inhibit informative discussions, identification of conditions, and seeking treatment. Furthermore, the emotional stress experienced by the stigmatized as a result of their feeling shamed and isolated can needlessly exacerbate existing health problems (Link & Phelan, 2006). Thus, exploring how to encourage de-stigmatization of health conditions, such as HIV and mental illness, can illuminate how to encourage communicative transparency about health issues, and may broadly improve societal wellness.

Unlike more direct channels of persuasive messaging, such as public service announcements and advertising campaigns, the engaging nature of entertainment narratives makes them less subject to counter-arguing and reactance (Slater & Rouner, 2002; Moyer-Guse & Nabi, 2010). Narratives are designed to absorb our attention (Moyer-Guse, 2008; Dal Cin, Zanna & Fong, 2004). They can motivate us to care about fictional plots and characters, even those that we perceive we have little in common with in reality. Thus, entertainment narrative formats provide a particularly effective means through which cognitive and emotional engagement with stigmatized others, who we may otherwise avoid in real life, can take place.

*The Power of Vicarious Entertainment Experience.* Perhaps the most rewarding aspect of fictional entertainment experience is the emotional arousal we feel in response to a moving narrative. Given that we willingly exert a significant amount of personal resources to satisfy emotional wants, the ability for fictional narratives to provide us with
a wide variety of emotional experiences at hardly any personal cost is inherently attractive (Tannenbaum, 1980). Entertainment narratives enable us to experience a nearly infinite number of different situations and identities. Beyond entertainment value, the ability for readers to become engaged in fictional narratives, where they can experience a diverse array of characters and environments, has the potential to shape and change real-world beliefs and attitudes (Green & Brock, 2002; Djikic et al., 2009; Mar et al., 2006; Gerrig, 1998). Through the identification process, novels can actively encourage a form of imaginative thinking and feeling about others and their predicaments that are important for social development (Nussbaum, 1995).

Similarly, Oatley (1994; 1999) proposes that story reading is characterized by cognitive and emotional simulation of experience that is specifically social in nature because it helps readers understand people in imagined fictional worlds, which may also enable better understanding of people in the ordinary world. For example, mediated contact with an out-group protagonist enables readers to change the way they categorize such individuals (Schiappa, Gregg & Hewes, 2005). Thus, rather than focusing on an existing out-group categorization, such as “Arab” or “HIV-positive” or “mentally ill,” the reader recognizes different social categorizations that can modify perceptions of difference. After all, differentiated categories are antithetical to stereotyping (Allport, 1954).

The parasocial contact hypothesis suggests that positive mediated contact, similar to positive face-to-face contact, can help differentiate out-group members and, subsequently, weaken existing stereotypes (Schiappa, Gregg & Hewes, 2005). However,
beyond differentiating categories that weaken stereotypes, mediated contact may also encourage de-stigmatization through another route: humanizing out-group members. Intimate mediated contact that illuminates the character’s cognitive and emotional perspective allows readers to acquire more personalizing information about unfamiliar individuals. Readers can vicariously experience the life events, thoughts, and associated emotion states of distal others when they identify with narrative characters. Subsequently, readers may feel a greater sense of common experiences and shared attributes with members of the narrative character’s out-group. As a result, the superordinate in-group categorization of “fellow human-being” may become increasingly salient.

This dissertation explores how narrative involvement may encourage de-stigmatization (Keen, 2006; Batson & Leonard, 1987; Batson, 1991; Eisenberg, 2005). More specifically, it examines how stigma labels and emotional arousal in response to a story-ending influence identification, which this dissertation argues is the most influential component of narrative involvement for encouraging readers to re-evaluate the social identity of stigmatized others.

*Empathy and Cognitive Perspective-taking as One Construct of Identification.* Empathy and perspective-taking, which are considered components of the identification process (Cohen, 2001; Tal Or & Cohen, 2010), are key to de-stigmatization (Batson et al., 1997; Galinsky & Moskowitz, 2000). Empathy is both affective and cognitive in nature (Keen, 2006), and can be defined as feeling what we believe to be the emotion of others based on their situation (Eisenberg, 2005). It is a complex imaginative process, where one adopts another’s psychological perspective and experiences what the other
experiences, to some degree, while maintaining awareness of one’s identity (Coplan, 2004; Zillman, 1991; Keen, 2006).

Understanding how someone perceives her situation is a necessary component of understanding her corresponding emotions and, subsequently, being able to feel with her. Thus, inherent to the empathy concept is the cognitive exercise of perspective-taking. Typically, empathy and perspective-taking are considered two separate dimensions, the affective and the cognitive, respectively, that characterize the process of identifying with narrative characters (Cohen, 2001; 2006).

However, the dynamic interplay between thoughts and feelings is difficult (if not impossible) to disentangle, and the mechanisms by which social scientists can empirically examine the separate influence of one excluding the other has yet to become apparent (Eder, Hommel & Houwer, 2007; Zajonc, 1980). Furthermore, when empathy and perspective-taking were examined in the context of a stigmatized narrative character, a factor analysis of Cohen’s identification scale found that the two dimensions formed a single factor rather than two separate ones (Chung & Slater, in press). Thus, this dissertation considers empathy and perspective-taking as two elements of one construct that includes cognitive and affective components. This unified construct is referred to as “empathic perspective-taking.”

*Narrative Encouragement of Empathic Perspective-Taking.* Oatley (2011) suggests that engaging with fictional narratives is inherently empathetic because we temporarily set aside our own plans and concerns to understand the plans and concerns of fictional characters. When engaged with a story and its protagonist, we emphatically
imagine what the character is feeling in relation to narrative events. The reader is given intimate access into the perspective of the character. The emotions felt in response to such generous insight into the perspective of others can genuinely influence the reader beyond the fictional world (Oatley, 2011).

Based on such reasoning, entertainment narratives offer a potentially powerful medium through which de-stigmatization can be encouraged. The inherently engaging structure of entertainment narratives can encourage individuals to become immersed in the story world, and adopt a character’s emotional and cognitive perspective, even if she is a member of a perceived social out-group (Slater & Rouner, 2002; Moyer-Guse, 2008; Cohen, 2006). Thus, narratives invite us to experience the journeys of others from different backgrounds and social groups, which can help open our minds to new perspectives (Kaufman & Libby, 2012).

The empathy-inducing design of fictional narratives may be particularly useful when tackling health stigmas, such as HIV, which tend to be associated with negative personality attributes, such as promiscuity and carelessness (Herek et al., 2002; Herek & Glunt, 1988; Herek & Capitanio, 1999). Whereas automatically negative assumptions about an individual with a health stigma may severely hinder real-life contact experience, the fictional narrative world provides a safe, mediated space in which audience members are more likely to cognitively and emotionally engage with a stigmatized character through empathic perspective-taking. As a result, real world attitudes toward such individuals may become less stigmatized.
**Perspective-sharing as a Component of Identification.** Beyond empathic perspective-taking, a related element that has not been adequately addressed in the current conceptualization of identification is *sharing the perspective* of a character, which is unique from understanding the perspective of a character. Understanding a character’s emotional and cognitive perspective indicates an external point of view. However, merging self with narrative character, as the identification process is described (Cohen, 2001), implies that one inserts oneself into the character. Sharing the character’s emotional and cognitive perspective goes beyond understanding the character’s thoughts and feelings from an external point-of-view and more accurately captures the notion of self-other merging. Furthermore, sharing the same sentiments as another individual and perceiving that you would have reacted similarly if in a similar situation is the essence of in-group perception, which self-other merging indicates. Based on such reasoning, this dissertation explores how the identification concept can be revised to have better predictive validity for social identity outcomes, such as in-group perception.

**Key Concepts and Relevant Hypotheses**

The following sections summarize the literature on the key concepts and issues in this dissertation: mediated contact, stigma label perceptions, emotional arousal, and narrative involvement. Narrative involvement includes identification with a character, transportation into the narrative, perceived similarity to a character, and liking a character.

**Mediated Contact.** Allport’s Contact Hypothesis (1954) identifies barriers, such as anxiety and uncertainty, which typically limit the benefits of interpersonal contact with
out-group others. The consistent opportunities for interpersonal contact needed to help elaborate impressions about a category of stigmatized others may be rarely encountered in real life. Furthermore, even if consistent interpersonal contact were to occur, development of a close relationship, which is cited as a key component to reducing prejudice (Pettigrew, 1998), would most likely be difficult to achieve. The Contact Hypothesis articulates that the opportunity for friendship is critical to reducing prejudice because it reduces negative affect and augments positive feelings toward out-group others (Pettigrew, 1998). Fortunately, mediated settings offer a unique alternative to the barriers to intimacy faced by real-life intergroup contact.

Narrative experiences are processed much like real-life social experiences (Schiappa, Gregg & Hewes, 2005). The Parasocial Contact Hypothesis suggests that the socially beneficial functions of interpersonal contact may be mimicked in mediated settings. Borrowing the reasoning behind Allport’s (1954) classic Contact Hypothesis, the Parasocial Contact Hypothesis similarly argues that mediated intergroup contact can reduce prejudice because it enables reconceptualization of group categories. Since categorization is the underlying process that drives stereotypes (Hogg & Abrams, 1988), adjusting one’s beliefs about a category of people depends on the dissonance associated with receiving new information that counteracts previously held beliefs (Festinger, 1957).

*Influencing Social Identity Perceptions through Mediated Contact.* The Contact Hypothesis stresses the importance of receiving positive information about a group in order for stereotype-disconfirming re-categorization to take place (Allport, 1954; Hewstone et al., 2002). Similarly, the Parasocial Contact Hypothesis highlights that
affectively pleasant mediated contact with out-group members, where one feels social 
atraction, physical attraction, or task attraction, can improve attitudes toward the out-
group (Schiappa, Gregg and Hewes, 2005). Thus, the Contact Hypothesis and the 
Parasocial Contact Hypothesis emphasize the importance of positive contact and feelings 
of attraction in order for attitude change to occur. However, improving attitudes toward 
out-group members may not require predominantly positive affect. Rather, a revised 
understanding of out-group others may also occur when one recognizes that an individual 
is a dynamic human being, who experiences life as vividly as oneself and one’s in-group 
members.

Social Identity Theory asserts that we tend to attribute less favorable, more 
simplistic characteristics to out-group members compared to in-group members in an 
effort to positively distinguish our in-group (Tajfel & Turner, 1979; Brown, 2000; Hogg 
& Reid, 2006; Brewer, 2007). While the desire to maintain positive distinctiveness is a 
natural social tendency, homogenizing out-group members can become problematic when 
the out-group members are a socially disadvantaged minority, as in the case of 
stigmatized others. In this case, homogenizing the out-group can have potentially 
dangerous consequences, such as derogating and depersonalizing others, which 
encourages negative stereotyping, prejudice, and anti-social behaviors (Leyens, 2000).

Mediated contact may help combat the depersonalization of stigmatized out-group 
members by helping readers adopt and understand others’ perspective and, subsequently, 
realize that such individuals are not so different from themselves. Prior to mediated 
contact, one may have assumed, based on few or nonexistent data points, that out-group
members were more homogenous, less complex, and less unique than in-group members (Leyens, 2000). However, observing out-group characters in relatable social roles (e.g. parent, child, coworker etc.), and observing how they too experience familiar, humanizing thoughts and emotions, may encourage readers to re-assess in-group/out-group demarcations. Mediated Contact may primarily encourage in-group perception and de-stigmatization through the opportunities for understanding and sharing the perspective of others that vicarious narrative experiences allow. Narratives inherently encourage readers to adopt the emotional and cognitive perspective of the protagonist. Access to the inner thoughts and emotions of another individual enables readers to bond with the character on a level of intimacy that would be difficult to achieve through real life contact. Such intimate experience of another person’s emotional and cognitive perspective, rather than social attraction and positive emotions, may be key to improving negative attitudes toward stigmatized others.

Indeed, empathic perspective-taking with a stigmatized narrative character has been found to moderate social acceptance of the out-group character (Chung & Slater, in press). In other words, understanding an out-group character’s emotional and cognitive perspective can encourage in-group perception, effectively reducing the distinctions between self and other. Encouraging greater in-group perception, which includes the dimensions of perceived similarity, social attraction, and social distance (Chung & Slater, in press), is key to de-stigmatization because it discourages the motivation to alienate stigmatized individuals.
Stigma Label Attributions. Stigma is a socially constructed, “simplified, standardized image of the disgrace of certain people that is shared by a community” (Smith, 2007; Goffman, 1963). According to the socio-functional perspective, stigma labels indicate a desire to alienate stigmatized others in order to protect group survival against potential threats from morally or physically harmful others, as well as deviant in-group members who threaten the integrity of group norms (Neuberg et al, 2000).

The negative affect associated with a stigma label can vary depending on how the stigma is evaluated in terms of the stigmatized person’s responsibility for their condition, and how perilous the stigma is to the community (Corrigan et al, 2009). Perceived responsibility refers to perceptions of choice and control (Smith, 2007). While certain stigmas (e.g. sexually transmitted diseases, obesity, drug addiction) are viewed as personally chosen conditions (Jones, 1984) that reflect immoral character (Goffman, 1963), the same is less applicable to stigmatized conditions that are innate (e.g. epilepsy, physical handicaps, mental illnesses). Stigmas that are perceived to have been avoidable by the afflicted individual induce less empathetic response and decreased desire to reduce negative stigma perceptions (Batson et al., 1997; Smith, 2007).

Peril refers to cues that emphasize the danger that the stigmatized group poses to the rest of the community (Deaux et al., 1995; Frable, 1993; Jones et al., 1984). Depending on the degree to which the stigmatized group is seen as a threat that people must take action to avoid (Smith, 2007), reactions to the stigmatized individual may vary significantly. Whereas health conditions that in-group members could be susceptible to (e.g. transferable diseases, such as HIV), and characteristics that are associated with
possible violence (e.g. mental illness, drug addiction) are considered highly perilous, other health stigmas (e.g. paraplegia, epilepsy) pose less of a threat to one’s in-group. These latter types of relatively non-threatening health stigmas are likely to be perceived as less perilous and, subsequently, motivate less alienation.

Stigma and Public Health Implications. Stigma labels have negative public health implications. Stigma can lead to chronic stress, which includes the stress caused by the constant threat of social alienation. Living in fear of social alienation has adverse effects on mental and physical health (Link & Phelan, 2006; Gibbs & Fuery, 1994; James et al., 1984; Goffman, 1963; Corrigan et al., 2009). Furthermore, the stress associated with disease-related stigma, such as HIV, is particularly problematic because it can exacerbate existing health problems while also contributing to the development of other stress-related illnesses. Such stress can impede the individual’s ability to work or lead a normal social life (Link & Phelan, 2006).

Certain health stigmas, such as sexually transmitted diseases, drug addiction, and mental illness, are considered more detrimental to public health because of their contagious, dangerous, or unpredictable nature (Martin et al., 2000; Cottrell & Neuberg, 2005). As a result of the overwhelmingly negative consequences associated with these stigma labels, potentially infected individuals may delay or avoid seeking treatment, while infected individuals may attempt to distance themselves from the stigma label by forgoing or refusing treatment (Herek, 1999; Reidpath & Chan, 2005). Avoiding diagnosis and treatment because of the threat of social alienation is especially problematic for conditions that can be unknowingly transmitted, such as sexually
transmitted disease, as well as for conditions that could lead to self-harm or other-harm if left untreated, such as mental illness. Counter-productive attitudes and behaviors toward stigmatized health conditions can lead to tragic consequences, including death (Link & Phelan, 1995; Link & Phelan, 2006).

A health stigma is likely be perceived differently and reacted to differently depending on how it is evaluated on dimensions of responsibility and peril (Deaux et al., 1995; Frable, 1993; Smith, 2007; Jones et al., 1984). In an effort to explore how different stigma label attributions impact narrative processing, this dissertation includes perceptions of choice and control, and judgments about the community danger posed by the stigmatized condition as potential moderators and covariates in the hypotheses that follow. The more a health condition is perceived to be dangerous and the result of the stigmatized person’s carelessness, as is often the case for HIV (Reidpath & Chan, 2005), the less likely it may be that narrative perspective-taking can positively influence stigma attitudes.

Furthermore, in order to better understand how varying types of stigma perceptions interact with narrative involvement, this dissertation examines two health issues that vary in the degree of associated responsibility and peril: HIV and bipolar disorder. HIV is typically viewed as the result of poor decision-making, such as engaging in unprotected sex, practicing sex work, or using intravenous drugs (Reidpath & Chan, 2005). Bipolar disorder is similarly associated with negative personality labels, such as crazy, dangerous, and unreliable (Elgie & Morselli, 2007). However, unlike HIV, bipolar disorder is likely to be less associated with personal responsibility because it
is a biological mental condition, rather than a contagious disease. Thus, although HIV and bipolar disorder are both viewed negatively, the differing attributions to personal responsibility may induce varying degrees of empathy and sympathy for each stigma.

*Discrete Emotions within a Stigma Context.* The discrete emotions of anger, disgust and fear are associated with stigmatized individuals (Smith, 2007) and are likely to discourage involvement with a stigmatized protagonist. For example, perceiving that an individual is to blame for her condition because of immoral or careless behavior can lead to anger and generally un-empathetic response. Anger is associated with the action tendency of antagonism, which is characterized by a desire to approach the blamed target in order to rectify perceived wrongs (Averill, 1983; Ekman, 2003). The ancient Greek custom of physically branding criminals is an example of the dehumanization of others that can occur as a result of feeling angry towards perceived perpetrators of the community (Papadopoulos, 2000; Curtis, 1992; Jones, 1987).

Disgust is also a common emotional response to stigmatized individuals, especially those who have physically apparent symptoms, such as those with leprosy (Hyland, 2000). Disgust may be the most prominent discrete emotion that colors stigma perceptions. Stigma marks that evoke automatic negative reactions against the stigmatized are characterized by disgust cues (Haidt et al., 1994; Goffman, 1963). Stigma marks that evoke disgust can be associated with moral evaluations and a desire to avoid or reject the marked target (Mackie & Smith, 2002; Looy, 2004). Thus, disgust at a stigmatized person contributes to the social alienation of the person because her stigma...
mark is seen as a symbolic or real threat to other members of the community (Smith, 2007; Goodall, 1986).

Finally, fear is often associated with stigma labels. Fear can motivate inhibition and avoidance, as well as lead to withdrawal that stems from the uncertainty of one’s ability to cope with an uncontrollable situation (Frijda, 1987). Fear in the context of stigma can be based upon fear of contagion of oneself or other members of the community with disease, such as HIV (Schneider et al., 1993; Bishop et al., 1991; Lepoire, 1994; Smith 2007). Stigmatized conditions that are associated with violence, such as certain mental illnesses (e.g. schizophrenia), can also arouse fear for similar reasons of in-group threat. Alternatively, fear can also be experienced by stigmatized persons in the form of fear of social alienation, which can inhibit the motivation to be diagnosed and treated (Link & Phelan, 2006).

**Happy and Sad Arousal in a Stigma Context.** In contrast to anger, disgust, and fear, happiness and sadness are discrete emotions that are not commonly associated with a stigma context. Happiness and sadness are intriguing to examine within a stigma context given the potentially positive effects that such emotional arousal may have on response to a narrative featuring a stigmatized narrative. In contrast to negative discrete emotions that encourage avoidance (i.e. disgust, fear) or, even worse, motivate aggression (i.e. anger) against stigmatized individuals (Mackie & Smith, 2002; Batson et al., 1997; Bodenhausen, Sheppard, & Kramer, 1994), happiness can encourage interest and positive approach behaviors (Izard, 1990). Happy emotions contribute to affiliative behavior and can strengthen social bonds because they increase openness to experiences (Izard &
Ackerman, 2000). Similarly, sadness can motivate pro-social behavior because observing sad expression from disadvantaged others can induce empathic response (Izard & Ackerman, 2000). Thus, it is possible that a reader’s willingness to engage with a narrative or its’ stigmatized protagonist will be affected by the reader’s emotional arousal.

_Emotional Arousal and Narrative Processing._ Narrative involvement research has not yet explored how emotional arousal influences narrative processing (Coplan, 2004). Considering that the Mood-as-Information hypothesis suggests that our judgments are routinely guided by our feelings (Schwarz & Clore, 1983; Clore et al., 2001), it seems possible that different states of emotional arousal may differentially impact narrative processing. For example, if a story ends on a predominantly negative note (e.g. pessimistic, demoralized, sad emotions aroused) versus a predominantly positive note (e.g. optimistic, hopeful, happy emotions aroused), it may provoke different assessments about the overall narrative—readers may perceive their positive emotional arousal at story-ending to mean that they enjoyed the overall story and liked the main character more compared to if they had felt negative emotional arousal at story-ending.

Further highlighting the importance of emotion on perception, the affect heuristic suggests that emotional response to a stimulus serves as a subconscious, mental shortcut that influences how people assess stimuli and make decisions. The affect heuristic proposes that when feelings are positive, people are more likely to judge risks as low and the benefits as high. Conversely, when feelings are negative, people are more likely to judge risks as high and benefits as low (Finucane et al., 2000). As a result of its impact
on risk versus benefits judgments, affect influences the decision-making process and factors into problem solving. In fact, strong emotional response to a stimulus can significantly alter judgments to the point of potentially leading to illogical decision-making (Finucane et. al., 2000; Slovic et al., 2003).

**Support for the Affect Heuristic.** Empirical evidence for the affect heuristic has been repeatedly demonstrated by relatively simple stimuli exposure experiments (Slovic et al., 2003). For example, participants significantly liked ideographs that were subliminally primed by a smiling face more than ideographs that were subliminally primed by a frowning face (Winkielman, Zajonc & Schwarz, 1997). Consistent findings were demonstrated in another study that found that students accused of academic misconduct received lighter punishments when pictured smiling compared to when pictured not smiling (La France & Hect, 1995). Thus, various studies have supported that affective cues can guide judgments and condition preferences.

This dissertation focuses on how readers’ response to a happy versus sad story-ending influences narrative processing and story-related attitudes. Altering the story-ending allows a relatively clear examination of the impact of happy versus sad emotional arousal on narrative processing. By revising only the conclusion of a narrative, dependent variable outcomes between conditions can be more confidently attributed to the isolated variable of sad or happy emotional arousal that was experienced at the end of the narrative. Furthermore, a story-ending that is happy or sad because of an outcome that is not directly related to the stigmatized protagonist’s circumstance may help clarify the impact of positive or negative affect on narrative processing. In other words, rather
than convoluting the impact of emotional arousal with the influence of stigma
attributions, perceptions about the stigmatized protagonist, and attitudes about her
outcome, the independent effect of emotional arousal experienced at story-ending can be
examined more clearly.

**Narrative Involvement**

*Identification and In-Group Perception.* Because of its implications for
encouraging in-group perception and de-stigmatization, of particular interest is exploring
how positive or negative emotional arousal at story-ending may impact identification
with a stigmatized protagonist. Identification has been described as a vicarious
experience where a person temporarily views the world through the alternative social
reality of a character (Cohen, 2001). Identification is typically conceptualized to consist
of four dimensions: cognitive (understanding the character’s thoughts), affective
(understanding the character’s feelings), motivational (adopting the character’s goals),
and absorption (feeling engaged with the story). As proposed earlier, this dissertation
considers the cognitive and affective components of identification as a single factor that
can be collectively referred to as “empathic perspective-taking.” Furthermore, this
dissertation has proposed an additional component that may add predictive validity to the
identification construct: perspective-sharing. Perspective-sharing goes beyond simply
understanding the thoughts and feelings of a character, which are reflected in the
empathic perspective-taking component, and more accurately captures the idea of self-
other merging that is central to the identification process. More specifically, perspective-
sharing refers to the perception that one would have reacted and felt like the character had one been in a similar situation.

*The Impact of Emotional Arousal on Identification.* Understanding the factors that can encourage the identification process, such as arousing positive rather than negative affect, has implications for strategies that de-stigmatization campaign designers can utilize. If participants identified significantly more with the protagonist when the story ended on a happy note, it may also suggest support for the affect heuristic. To elaborate, when a story ends on a sad note, the affect aroused may be negative. As a result, participants may wish to distance themselves from the character, in an effort to avoid or alleviate their sad affect. In contrast, if the same story ended on a positive note, pleasant emotions would be more likely to occur. In this scenario, readers may feel more motivated to engage with the narrative and its protagonist because it would be uplifting for them to have a vicarious positive experience.

Thus, if readers identified more with the protagonist in the happy-ending narrative compared to the sad-ending narrative, it suggests that their willingness to identify with the character was influenced by their emotional arousal at story-ending. Such findings would be consistent with the affect heuristic, as well as with research that has found that we enjoy positive gratification through entertainment experiences (Zillmann, Taylor, Lewis, 1998; Oliver, 2003; Rubin, 2002). The following hypothesis is proposed:

H1: A happy-ending narrative will correspond to greater overall identification compared to a sad-ending narrative.
Noting that readers have been found to identify more with positive characters compared to negative characters (Tal Or & Cohen, 2010), it is also hypothesized that:

H2: Participants will identify less when a character is stigmatized compared to when the character is not stigmatized.

Encouraging In-group Perception through Merged Perspective. Prior research has demonstrated that examining the separate components of identification can be useful to understanding how to encourage in-group perception. In particular, empathic perspective-taking with a character has been shown to increase perceptions of similarity, inspire greater social attraction, and reduce perceived social distance from a stigmatized character (Chung & Slater, in press). In contrast, the absorption and motivational components of identification have not been found to significantly impact in-group perception. Given the potentially disparate influence of the separate components of identification, this dissertation explores these dimensions and their impact on in-group perception and de-stigmatization. In particular, this dissertation explores the possible benefit of adding a perspective-sharing component to the identification construct, which when combined with the empathic perspective-taking component, could collectively capture the “merged perspective” that defines the identification process.

Recognizing the challenge of encouraging a merged perspective (i.e. empathic perspective-taking and perspective sharing) with a negatively perceived character (Chung & Slater, in press; Tal Or & Cohen, 2010), this study hopes to identify factors that can encourage such vicarious experience. If a merged perspective was evidenced to occur to a significantly greater degree when participants felt either sad or happy emotion in
response to narrative-ending, it may suggest useful strategies through which audiences could be more enticed to merge self with stigmatized character.

Beyond the character’s stigma label, this study assumes an otherwise sympathetic protagonist, who portrays the complex layers and subtleties that characterize real-life individuals. In other words, though stigmatized, the protagonist would not be characterized in a way that accentuates the stereotypically negative attributes that may be associated with her stigmatized health condition. Examining how audience members are involved with a sympathetic, stigmatized protagonist is a first step toward further exploring how greater levels of character complexity (e.g. the morally ambiguous or noticeably flawed, thus possibly less sympathetic hero) impact empathic perspective-taking and perspective-sharing.

*Emotional Arousal at Story-Ending and Empathic Perspective-Taking.* A story that ends on a sad note may generate more empathic perspective-taking with a protagonist because observing the sad expression of others is a key component of the personal distress that encourages empathetic, sympathetic, and altruistic behavior (Eisenberg & Strayer, 1987). As a result of their sad emotion at story-ending, participants may be motivated to try to understand the character’s perspective, perhaps in an effort to vicariously prepare themselves in case they ever faced a similar situation.

On the other hand, readers may wish to distance themselves from a sad protagonist, resulting in stunted emotional and cognitive engagement and, in turn, less empathic perspective-taking. Rather, positive emotional arousal may be needed in order for readers to feel approach emotions that encourage them to understand the protagonist’s
cognitive and emotional state (Izard, 1977). Vicariously experiencing positive, uplifting emotions may encourage approach and explorative behavior (Izard & Ackerman, 2000) that help counteract the inclination to alienate stigmatized individuals. Thus, priming affiliative attitudes through positive emotional arousal may help inspire more empathic perspective-taking for the stigmatized protagonist. The following alternative hypotheses are proposed:

H3a: Compared to happy-ending narratives, sad-ending narratives will generate more empathic perspective-taking with a stigmatized protagonist.

OR

H3b: Compared to happy-ending narratives, sad-ending narratives will generate less empathic perspective-taking with a stigmatized protagonist.

Beyond emotionally and cognitively understanding others’ plight (i.e. empathic perspective-taking), perceiving that one would have reacted similarly if in a similar situation (i.e. perspective-sharing) may particularly motivate in-group perception and de-stigmatization of real world attitudes toward stigmatized individuals. In other words, a merged perspective (i.e. empathic perspective-taking and perspective-sharing) may predict in-group perception and de-stigmatization better than empathic perspective-taking alone. Considering that in-group perception indicates feelings of similarity and relatability, including the additional perspective-sharing dimension of identification is defensible. The following hypotheses are proposed:

H4a: A merged perspective with a protagonist will mediate in-group perception better than empathic perspective-taking alone.
H4b: A merged perspective with a stigmatized protagonist will mediate de-stigmatization better than empathic perspective-taking alone.

Furthermore, informed by the research conducted by Batson et al., (1997), which found that empathy for a member of a stigmatized group improved attitudes toward the stigmatized group as a whole, the following hypothesis is proposed:

H5: Empathy for the stigmatized protagonist will positively correspond to more empathy for the stigmatized social group to which the protagonist belongs.

*Emotional Arousal and Story Processing.* Beyond its possible influence on empathic perspective-taking, it is also proposed that a sad-ending narrative may motivate more post-story processing in the form of recollecting more aspects of the story. Sad emotions are thought to encourage more careful, systematic processing because they signal a need to identify the source of negative affect, and to reflect on the matter that instigated the sadness (Tomkins, 1963; Bodenhausen, Sheppard, & Kramer, 1994; Ekman, 2003; Izard & Ackerman, 2000). This slower, more deliberate scrutiny of the circumstances associated with the sad emotion may help illuminate a new perspective—one that facilitates plans for a better outcome in the future and thus helps ameliorate sad feelings.

A difference in story-ending may not seem substantial enough to impact readers’ retrospective recollections about the story given that readers’ emotions and thoughts are continuously evoked throughout the narrative experience, which influence information processing. However, this dissertation argues that a story-ending may suffice to impact retrospective story processing because a story’s conclusion can significantly color how
the overall narrative is digested. After all, narrative events are understood in relation to the continuously unfolding information given about the plot and characters. Thus, the final scene of a narrative—in other words, the final piece of information provided to the reader—should significantly impact how the overall narrative is processed. Based on the perspective that sad emotions lead to more careful processing, the following hypothesis is proposed:

H6: Compared to happy-ending narratives, sad-ending narratives will correspond to more cognitive representations recollected about the narrative.

The cognitive appraisal associated with sadness (Rivers, et al., 2007) may be particularly beneficial in the realm of de-stigmatization. Motivating individuals to contemplate the humanizing experiences of a stigmatized protagonist may help accentuate the character’s vulnerable humanity. As a result, de-stigmatized attitudes toward the stigmatized social group may be encouraged (Gaertner et al., 1989; Gaertner et al., 1993; Dovidio et al., 1997). Humanizing experiences refer to a broad range of relatable life themes. For example, being someone’s daughter or son, interacting with family friends, having an adolescent crush, feeling jealous, feeling scared of death, etc.

A greater number of recollections about a stigmatized character’s humanizing experiences, even if within a fictional context, may motivate more inclusive, in-group perceptions about members of that stigmatized character’s social group. The following hypothesis is proposed:

H7: More cognitive representations recollected about the narrative will mediate de-stigmatization.
Identification as a Continuous Process vs. a Retrospective Evaluation. The current definition of identification assumes that it is a continuous process that occurs throughout the narrative. However, another way to understand identification is as a post-story effect akin to a retrospective evaluation. Given that viewers can continue to process narratives at post-story, it seems possible that media consumers may reassess their level of identification with a character after concluding the narrative. Thus, rather than limiting identification to be a continuous online process, it may clarify our conceptual understanding of identification to explore the possibility that it can also be a retrospective re-appraisal.

Identification is a difficult process to examine given that it is characterized by an altered state of awareness and is typically measured by a scale administered after exposure to the stimulus, which makes the current evaluations of identification inherently retrospective. How can we examine the continuous versus retrospective nature of identification if it is usually assessed at post-story?

One manner in which it may be explored is by examining how different story endings and initial information provided about the protagonist impacts the component levels of identification. If there were no significant differences in the component levels (i.e. empathic perspective-taking, perspective-sharing, motivational, absorption) when a narrative ended on a happy versus sad note, it suggests that, consistent with how it is currently conceptualized, identification is mostly a continuous, summative process, rather than a retrospective reappraisal. The implications would be similar if the component levels of identification were comparable when the narrative introduced a stigmatized
versus non-stigmatized protagonist. Such findings would suggest that the continuous nature of the identification process makes it unlikely to be inhibited by a single element—whether that element is introduced at the beginning (e.g. a character’s stigma label) or exposed at the end (e.g. happy or sad emotional expression of the character).

In contrast, if the component levels of identification differed between the happy- and sad-ending narratives, it may suggest that reappraisal of the overall narrative took place, and that the ending changed certain aspects of participants’ retrospective evaluation of the protagonist. To the extent that this takes place, it would be accurate to describe identification as retrospective in addition to being a continuous process. Participants’ retrospective response to the story may depend upon the emotional lens provided at story-ending, which then colors how the overall narrative is understood. For example, the sad emotional arousal felt at the conclusion of the story could motivate greater retrospective compassion and perspective-taking than if the story had ended on a happy note.

Happy endings may generate less retrospective perspective-taking because participants feel less need to further contemplate the narrative experience. Indeed, happy emotions have been linked to heuristic information processing because it signals no further need to analyze the situation (Izard, 1990; Izard & Ackerman, 2000). Alternatively, a sad-ending may lead to less retrospective perspective-taking compared to a happy ending because participants may wish to distance themselves from the emotionally unpleasant outcome. Also, feeling sad emotions in response to a narrative ending may be viewed as draining, and readers may feel inclined to disengage rather than
merge with a character. Thus, though readers of happy and sad-ending stories may have been similarly absorbed and engaged with the protagonist’s motivations throughout reading, their retrospective evaluation of their empathic perspective-taking and/or perspective-sharing with the protagonist depending on story-ending may differentially impact their overall degree of identification.

Finally, if overall identification levels differed between the stigmatized and non-stigmatized protagonist and remained low for the stigmatized protagonist, it may suggest that the engaging structure of a narrative could not adequately overcome readers’ initial inhibition to merge with a socially undesirable character. In other words, identification was obstructed from occurring, indicating that it may not be a continuous process that the reader can be enticed to participate in simply by being given access to a character’s intimate perspective. In light of these various possibilities, the following research question is posed:

RQ: What is the impact of stigma label and ending on identification’s component dimensions, and what evidence does this provide for identification as a continuous process, as well as a retrospective appraisal?

*Identification as a Moderator of Effects of Happy vs. Sad Endings.* Identification with a protagonist may also act as a moderator on the effects of a happy versus sad ending. Identification indicates that the reader merges with the character (Oatley, 1994; Cohen, 2001; 2006). Based on this conceptualization, it seems likely that the degree of identification would influence how readers respond to emotionally disparate endings. Identifying with a character makes the story events more vivid for the reader and, in
general, identifying with another person encourages caring about their outcomes. Thus, when one does not identify highly, narrative events and their conclusion are less likely to have significant impact on the beliefs and attitudes of the reader. On the other hand, when one identifies highly, one might expect more of a difference on empathy for the stigmatized group and cognitive representations recollected about the narrative. The following hypotheses are proposed:

H8a: Identification will moderate the impact of story ending on empathy for the stigmatized group to which the protagonist belongs.

H8b: Identification will moderate the impact of story ending on the number of cognitive representations recollected about the narrative.

Transportation. In addition to exploring identification as a potential moderator of ending effects, we also examine how a character’s stigma label influences readers’ transportation into the narrative. Though the precise relationship between identification and transportation remains vague (for example, the absorption component of identification is conceptually identical to transportation), it has been suggested that transportation precedes identification (Green, Brock, & Kaufman, 2004). If identification is the adoption of a character’s thoughts, emotions, and goals (Cohen, 2001), it implies that readers and viewers must leave behind their physical, social, and psychological reality in order to immerse themselves in the narrative world and identify with its characters. In other words, the altered state of awareness that characterizes identification inherently indicates that transportation into the narrative world took place (Green, Brock, & Kaufman, 2004). This indicates that transportation and identification processes are
inextricably intertwined when opening the doors to vicariously experience possible selves (Markus & Nurius, 1986; Green, Brock, & Kaufman, 2004).

On the other hand, transportation may not always co-occur with identification. One can imagine, particularly in the context of stigmatized protagonist who is perceived as socially undesirable, that high levels of transportation may be experienced regardless of whether or not identification occurs. Given that entertainment narratives are designed to be engaging (Slater & Rouner, 2002), a reader may feel highly transported into a narrative although she does not particularly identify with the stigmatized protagonist. One can think of situations, such as in suspense or horror narratives, where absorption into the overall narrative can be very high without specifically identifying with any particular character. Or, one can think of narratives about natural wonders and geographical explorations, where there is no character to identify with, but transportation can be intensely experienced. Given these distinct possibilities, we pose the following hypothesis:

H9: When a character has a highly stigmatized health condition, transportation and identification will be less highly correlated as compared to when the character is not stigmatized.

*Perceived similarity.* Perceived similarity refers to the degree that one cognitively assesses that similarities exist between oneself and the character (Moyer-Guse, 2008). Narrative effects scholars disagree about whether similarity is a pre-requisite to identification or vice versa. On one hand, similarity judgments may contribute to readers’ identification because perceiving a familiar entity enables one to more easily
engage with the character’s cognitive and emotional perspective (De Graaf, Hoeken, Sanders, Beentjes, 2009; Slater & Rouner, 2002; Slater, 2002). On the other hand, identification may encourage perceptions of similarity (Cohen, 2001; Cohen, 2006; Moyer-Guse, 2008). After adopting the character’s emotional, cognitive, and motivational perspective, one may feel merged with the character in a way that encourages greater perceived similarity between self and character than initially felt.

Furthermore, if an audience member were already familiar with a narrative setting or the type of characters portrayed in the narrative, the overall narrative would most likely be assessed more critically, including assessments related to perceived similarity (Cohen, 2001). Alternatively, if the reader were unfamiliar with the setting and the character types, identification with the novel character may encourage perceived similarity rather than vice versa. Thus, real-life contact with the type of person that a character portrays will be included as a covariate when examining perceived similarity.

Whether similarity moderates identification or vice versa is indeed an interesting theoretical question that this dissertation aims to further explicate within the context of stigmatized narrative characters. In the case of a stigmatized protagonist, it seems more likely that identification would moderate perceived similarity. When readers identify with a stigmatized character, they may feel more inclined to perceive themselves as similar to the character. Although a reader may not initially feel inclined to perceive herself as similar to a stigmatized protagonist, an engaging narrative that encourages identification with the stigmatized character may motivate the reader to perceive more in common with the character than she initially recognized. Thus, it is hypothesized that:
H10a: Similarity to a stigmatized protagonist will be moderated by identification with the protagonist – when participants identify with a protagonist, they will judge themselves more similar to him or her.

Sex of the participant provides a useful way to further examine how perceived versus concrete similarities (i.e. when the participant is gender-matched with the protagonist) can also moderate identification. Thus, sex of the participant will be examined as a potential moderator of identification effects.

H10b: Identification will be moderated by sex of the participant – when participants are gender matched with a protagonist, they will identify more highly.

Method

Participants

Participants were 313 undergraduate communication students aged 18-40. The mean age was 19.7 (SD=2.4). 30% were male, and 70% were female. The breakdown by self-reported socioeconomic status was lower class (3%), lower-middle class (10%), middle class (53%), upper-middle class (30%), and upper class (3%).

Design

This study utilized a posttest only, between-groups, 2x3 experiment (happy or sad ending, featuring a protagonist named Jess who is either: HIV positive, has bipolar disorder, or has no stigmatized health condition [control]). Participants were randomly assigned to one of the six possible conditions. Upon entering the lab, participants signed a consent form and were then seated in individual cubicles with computers. Then they
read a fictional short story that was manipulated to have either a happy or sad ending. The two versions of the short story were pretested to confirm that either happiness or sadness was primarily evoked by the story’s conclusion. Finally, participants completed the post-test through the software program MediaLab (Jarvis, 2009) and were debriefed and thanked for their participation.

The short story featured a plot that did not necessitate emphasis on any particular stigmatized condition in order to maintain coherence. In other words, the plot did not lose meaning whether or not the protagonist had a stigma, which allowed the protagonist’s health status to be manipulated without interfering with the plot. The original version of the story was written by Jhumpa Lahiri and entitled “Once in a Lifetime.” The short story is about a family who hosts their old friends while they search for a new home after moving back to town from a far-away city. It is narrated from the retrospective viewpoint of the 14-year old daughter named Jess who lived in the house. The story highlights the daughter’s crush that she develops on the son of her parent’s friends, David, while they stay in her home.

The original short story was edited for names, locations, and length. The names and locations were changed to American names and cities from originally Indian names and cities in order to reduce further out-group perceptions about the characters beyond the effect of the stigma labels. The female protagonist/narrator was manipulated to have a health stigma in four of the conditions—HIV positive or bipolar disorder. Her stigma was clearly identified by instructions given prior to reading (“Today you will read a short story about a character named Jess, who was recently diagnosed with HIV/Bipolar
Disorder”….), emphasized at the beginning of the story, and highlighted again at the end. The overall story was edited down to fit into ten pages in the interest of not exhausting participants’ attention. See Appendix A for stimuli and instruction sets.

The short story featured life experiences that would be familiar to a broad range of individuals—for example, wondering if one’s crush reciprocates affection, feeling tension about socioeconomic status differences, feeling demoralized when loved ones are ill, and feeling anxious about death. The story-ending was manipulated to conclude on either a hopeless, sad note or a hopeful, happy note. The sad ending revealed that the boy’s mother has been diagnosed with terminal breast cancer, and the narrator expressed dark feelings about her own bleak future. In contrast, the happy ending revealed that the boy’s mother’s breast cancer had been benign and the narrator emphasized the importance of appreciating life’s mystery and beauty.

**Measures**

All measurement instruments are included in Appendix C. Emotions aroused by the narrative and at story-ending were measured with ten items that asked participants to rate (1=not at all, 7=very much) how much they felt each of the following emotions while reading the short story: happy, cheerful, inspired, thoughtful, hopeful, sad, upset, worried, depressed, and fearful. The first five captured readers’ positive affect ($\alpha = .84$), while the latter five captured readers’ negative affect ($\alpha = .79$). Participants were also asked to specifically rate the degree of overall negative or positive emotion felt specifically at story-ending on an 11-point semantic differential scale (1= negative, 11=positive).
Stigma perceptions about bipolar disorder and HIV were measured with nine items that reflect Smith’s (2007) definition of stigma. Participants rated on a 1 (strongly disagree) to 11 (strongly agree) scale how much they perceived the stigma in question (i.e. HIV positive; bipolar disorder) was: due to the intentional choices made by the individual; largely the stigmatized individual’s fault; potentially controllable by the individual; able to be eliminated if the individual desired; dangerous to society; a potential threat to your family; and a potential threat to your friends. A higher score indicates that the participant judged the health condition to be more stigmatized (HIV $\alpha = .80$, bipolar $\alpha = .79$)

Several items were included to confirm that participants recognized the stigma associated with being HIV-positive or having bipolar disorder (1=strongly disagree, 7=strongly agree): I feel that HIV-positive/bipolar individuals are alienated by society; I feel that HIV-positive/bipolar individuals are disadvantaged in their day to day living; and Jess was a stigmatized individual (HIV $\alpha = .90$, Bipolar $\alpha = .82$)

Empathy for the stigmatized group was measured with nine items (1=strongly disagree; 7=strongly agree) adapted from Caruso & Mayer’s (1998) empathy scale. Items included: The suffering of HIV-positive/bipolar individuals deeply disturbs me; I would get very upset if I saw a HIV-positive/bipolar individual being treated meanly; too much is made of the suffering of HIV-positive/bipolar individuals; It makes me mad to see HIV-positive/bipolar individuals treated unjustly; I feel deeply for HIV-positive/bipolar individuals; TV or news stories about HIV-positive/bipolar individuals greatly upset me; being around HIV-positive/bipolar individuals would bring my mood
down; I would feel annoyed if I had to interact with HIV-positive/bipolar individuals; It would hurt me to see a drug addict/mentally ill individual in pain. Items were reverse-coded where necessary. Higher scores indicate more empathy for the stigmatized group. ($\alpha = .77$).

Destigmatization was measured with eleven items (1=strongly disagree; 11=strongly agree) adapted from Link’s (1982) Perceived Devaluation and Discrimination Scale. Items included: Most people believe that a person who has been hospitalized for being HIV positive/having bipolar disorder is just as intelligent as the average person; Most people believe that a person who is HIV positive/has bipolar disorder is just as trustworthy as the average citizen; Most people would not hire someone who is HIV positive/has bipolar disorder to take care of their children, even if he or she had been well for some time; Most people think less of a person who has been hospitalized for being HIV positive/having bipolar disorder; Most employers will hire someone who is HIV positive/has bipolar disorder if he or she is qualified for the job; Most employers will pass over the application of someone who is HIV positive/has bipolar disorder in favor of another applicant; and Most people in my community would treat someone who is HIV positive/has bipolar disorder just as they would treat anyone else (HIV $\alpha = .81$; Bipolar $\alpha = .82$).

Cognitive Recollections Represented were gathered by instructing participants to "retell the story in your own words" at the end of the post-test. The instruction purposely did not cue participants to list a specific number of thoughts, or recall a particular aspect of the story because this researcher wanted to look at how the story would be cognitively
represented by participants. In other words, what did they think were the most central components of the story? The retellings were coded for the number of cognitive representations recollected about the story, whether the participant mentioned the stigma (if relevant based on the condition), and word count. Cognitive representations refer to correct recollections of events, characterizations, details, or overarching themes that were expressed in the story. Two coders independently coded each of the selected subjects’ retellings. Krippendorff’s alphas were used to evaluate agreement, calculated with an SPSS macro (Hayes & Krippendorff, 2007). Inter-coder reliability was confirmed with $\alpha = .95$. See Appendix B for detailed coding scheme manual.

Identification with the character was measured using twelve items largely adapted from Cohen’s (2001) scale. Participants indicated on a 1 (strongly disagree) to 7 (strongly agree) scale how they felt towards statements such as: While reading the story, I forgot myself and was fully absorbed; I think I have a good understanding of Jess; I tend to understand the reasons why Jess does what he does; while reading the story, I could feel the emotions that Jess felt; and when Jess succeeded I felt joy, but when Jess failed I was sad; If I were in Jess’s situation, I would feel the way that she does; and I think I would react similarly to Jess if I were in a similar situation ($\alpha = .92$).

A factor analysis (principal components, varimax) was conducted to identify the unique dimensions within the identification scale. The results demonstrated that there were, in this data set, three distinct components: empathic perspective-taking ($\alpha = .91$), perspective-sharing ($\alpha = .87$) and absorption/motivation ($\alpha = .76$) (see Table 4). These results contrast with Cohen’s conceptualization that the cognitive, affective, motivational,
and absorption components form 4 distinct dimensions. Rather, our results confirm earlier findings that Cohen’s cognitive and emotional components form a single dimension (i.e. perspective-taking). These results contrast with earlier findings that suggest that being engaged in the story (absorption component) and adopting the character’s goals (motivational component) are distinct (Cohen, 2001; Chung & Slater, in press). Perhaps this was the case because the plot of the short story was not particularly goal-driven in this instance (i.e. the story focused on descriptive elements rather than on the character achieving particular goals). Based on the unique factors identified, the impact of story-ending on each separate component was explored.

Transportation was measured utilizing eleven items from Green and Brock’s (2000) transportation scale. Participants responded on a 1 (strongly disagree) to 7 (strongly agree) scale to statements, such as: While I was reading the story, I could easily picture the events taking place; I could picture myself in the scene of the events portrayed in the story; I was mentally involved in the story while reading; and after the story ended, I found it easy to put it out of my mind; I wanted to learn how the story ended; the story affected me emotionally; and I found myself thinking of ways the story could have turned out differently ($\alpha = .74$).

Perceived similarity to the protagonist was measured with six items adapted from McCroskey, Richmond, and Daly’s (1975) perceived homophily scale. Participants were asked to determine on a 1 (strongly disagree) to 7 (strongly agree) scale how much they feel that Jess: is similar to me; thinks like I do; is from a background different from mine;
is from a social class similar to mine; treats people like I do; and shares my values ($\alpha = .72$).

Liking the protagonist was assessed with 9 items adapted from McCroskey and McClain’s (1974) social attraction measure. Participants responded on a 1 (strongly disagree) to 7 (strongly agree) scale to the statements: I think Jess could be a friend of mine; I would like to have a friendly chat with Jess; I think Jess is a likeable person; Jess seems like the kind of person I would enjoy being around; I think Jess is probably a pleasant person; I’m not particularly attracted to Jess; Jess and I may not get along; and I don’t believe that Jess is very appealing as a person ($\alpha = .89$).

Perceived similarity to Jess and liking Jess were combined into one scale in certain analyses to examine overall in-group perception ($\alpha = .80$).

Narrative enjoyment was assessed with 11 items that were rated on a 1 (strongly disagree) to 7 (strongly agree) scale. Participants were asked to rate the extent to which they found the short story: entertaining, well written, clear, engaging, and recommendable to a friend. Participants were also asked if they would rate the story positively overall, if they felt caught up in the story, if they felt that they were a part of the story, if they would be interested in reading the full story, and if they recognized the excerpt ($\alpha = .92$)

Covariates include the interpersonal reactivity index (Davis et al), which measures a persons’ natural tendency to be empathetic (see Appendix C, $\alpha = .74$), and existing intergroup contact with the stigmatized group in question. Intergroup contact was assessed with 3 items (1-7 scale): How much contact do you have with bipolar/HIV
positive individuals; how close do you feel to the bipolar/HIV positive individual that
you know; and how positive has your contact been with bipolar/HIV positive individuals.
Higher scores indicate more contact with the stigmatized group in question (HIV $\alpha = .72$,
Bipolar $\alpha = .85$). See Table 1 on the following page for a summary of the means, standard
deviations, and alphas for each of the dependent variable measures.
Table 1

*Summary Table of Dependent Variable Measures*

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<th>Measure</th>
<th>Mean</th>
<th>SD</th>
<th>Alpha</th>
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Results

Preliminary Analyses

Before addressing the hypotheses and research questions, the two different short story versions were examined to ensure that they elicited the appropriate negative or positive affect. First, an ANCOVA with gender, socioeconomic status, interpersonal reactivity (i.e. tendency towards empathy), and age included as covariates and stigma label and story-ending input as independent variables revealed a statistically reliable difference in the positive affect (i.e. happy, cheerful, inspired, thoughtful, hopeful) generated by the different story-endings, $F(1, 294)=67.05, p<.001$. Participants across all stigma labels rated their affect significantly more positive after reading a happy-ending story compared to participants who read a sad-ending story. There was also a statistically significant difference in the negative affect (i.e. sad, upset, worried, depressed, fearful) generated by the sad-ending story in comparison to the happy-ending story, $F(1,294)=65.31, p<.001$. Participants across all stigma labels consistently rated their affect as significantly more negative after reading the sad-ending story compared to those who had read the happy-ending story. These results were further substantiated by the significant difference in the overall positive emotion felt specifically at the end of the story for participants who read the happy-ending ($M=4.99, SD=1.44$) in comparison to participants who read the sad-ending ($M=3.23, SD=1.32$), $t(306)=11.15, p<.001, \alpha=.05$. Significant differences were also found for the overall negative emotion felt specifically at story-ending depending on the version read (happy-ending: $M=2.65, SD=1.33$; sad-ending: $M=4.37, SD=1.60$), $t(306)=10.24, p<.001, \alpha=.05$. Thus, the manipulation of
story-ending was successful - the different endings aroused the appropriate predominantly positive or negative affect.

Effect of Story-Ending and Stigma Labels on Identification

Hypothesis 1 predicted that a happy-ending narrative would correspond to greater overall identification compared to a sad-ending narrative and Hypothesis 2 predicted that participants would identify less when a character is stigmatized compared to when the character is not stigmatized. These hypotheses were also tested with an ANCOVA with gender, socioeconomic status, interpersonal reactivity, and age included as covariates. Stigma label and emotional valence of ending were input as the independent variables, and overall identification was input as the dependent variable. Results demonstrated no significant interaction effect between stigma label and emotional valence of ending, $F(2, 294)=1.80, p=.17$. However, the main effect of the emotional valence of the story-ending was significant $F(1, 294)=4.02, p<.05$; and the main effect of stigma label was marginally significant $F(2, 294)=2.23, p=.10$.

To further explore the significant main effect of the emotional valence of story-ending, pairwise contrasts were examined. They revealed that happy-endings significantly predicted more identification with a character than sad endings ($p<.05$), which supports H1. Pairwise contrasts were also examined to compare the effects of the stigma labels. Recall that bipolar disorder was selected as a stigmatizing condition that is less associated with choices under the stigmatized person’s control, while HIV was selected as condition that is generally perceived to be the result of behavioral choices by the individual. As expected, participants identified significantly less with the HIV-
positive protagonist in comparison to a protagonist with no stigma ($p<.05$), and similarly identified less with a bipolar protagonist compared to a protagonist with no stigma, though this effect was only marginally significant ($p=.10$). Whether the stigma label was “HIV-positive” or “bipolar disorder” did not significantly impact identification ($p=.75$), indicating that stigma labels may generally hinder identification, regardless of the specific attributes that may be associated with the stigma label. These results lend support to H2. See Table 2 for means and standard deviations.

Table 2

<table>
<thead>
<tr>
<th>Stigma Label</th>
<th>Story-Ending</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV-Positive</td>
<td>Sad</td>
<td>4.44</td>
<td>1.16</td>
</tr>
<tr>
<td></td>
<td>Happy</td>
<td>4.66</td>
<td>1.13</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>Sad</td>
<td>4.33</td>
<td>.98</td>
</tr>
<tr>
<td></td>
<td>Happy</td>
<td>4.80</td>
<td>.86</td>
</tr>
<tr>
<td>No Stigma Label</td>
<td>Sad</td>
<td>4.65</td>
<td>1.00</td>
</tr>
<tr>
<td></td>
<td>Happy</td>
<td>4.48</td>
<td>1.01</td>
</tr>
</tbody>
</table>

Effect of Happy or Sad Story-Ending on Empathic Perspective-Taking

Hypothesis 3 posed alternative hypotheses that proposed that a happy-ending narrative would either generate less (H3a) or more (H3b) empathic perspective-taking with the protagonist in comparison to a sad-ending narrative. Hypothesis 3 was tested
with an ANCOVA with gender, socioeconomic status, interpersonal reactivity (i.e. tendency towards empathy), and age as covariates, stigma label and emotional valence of ending as independent variables, and empathic perspective-taking as the dependent variable. Results revealed that there was a marginally significant interaction between story-ending and the protagonist’s stigma label on empathic perspective-taking $F(2, 294) = 2.31, p=.10$. See Table 3 for means and standard deviations.

<table>
<thead>
<tr>
<th>Stigma Label</th>
<th>Story-Ending</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV-Positive</td>
<td>Sad</td>
<td>4.51</td>
<td>1.21</td>
</tr>
<tr>
<td></td>
<td>Happy</td>
<td>4.64</td>
<td>1.29</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>Sad</td>
<td>4.48</td>
<td>1.13</td>
</tr>
<tr>
<td></td>
<td>Happy</td>
<td>4.99</td>
<td>.98</td>
</tr>
<tr>
<td>No Stigma Label</td>
<td>Sad</td>
<td>4.82</td>
<td>1.22</td>
</tr>
<tr>
<td></td>
<td>Happy</td>
<td>4.90</td>
<td>1.19</td>
</tr>
</tbody>
</table>

Simple effects analyses revealed that greater levels of empathic perspective-taking occurred when the story had a happy ending in the context of a character identified as having bipolar disorder, $t(302)=-2.19, p<.05$. Simple effects at other levels were not significant, though the means across all stigma label conditions reflect a similar pattern of more retrospective empathy when the story-ending is positive. These results suggest
support for (H3b): a happy-ending story that arouses positive affect boosts empathic perspective-taking, especially in the context of a protagonist who has bipolar disorder.

Figure 1. Interaction effect of stigma label and story-ending (x-axis) on empathic perspective-taking (y-axis)

**Merged Perspective as a Mediator of In-Group Perception and De-Stigmatization**

Hypothesis 4a predicted that a merged perspective (i.e. empathic perspective-taking and perspective-sharing) with a stigmatized protagonist would mediate in-group perception. Hypothesis 4b predicted that a merged perspective with a stigmatized protagonist would also mediate de-stigmatization. The possible mediating role of merged perspective on in-group perception and de-stigmatization was examined in the context of a protagonist with bipolar disorder. A macro designed for assessing total, direct, and indirect effects in simple mediation models using bootstrapped distributions (Hayes,
was utilized to determine the potential mediating influence of merged perspective on in-group perception and de-stigmatization. The results supported indirect effects via merged perspective on the dependent variable of in-group perception. The test of hypothesis 4a that merged perspective mediates condition effects was significant (CI: .0224 to .2450) as indicated by a 10,000 bootstrap confidence interval not containing zero (Preacher & Hayes, 2008; Preacher & Kelley, 2011).

Figure 2. Indirect relationship between experimental treatment (story-ending) and in-group perception with merged perspective as mediator (10,000 bootstrap samples each).

Note: *p < .05, *** = p < .001.

Hypothesis 4b that merged perspective mediates de-stigmatization of bipolar disorder was not significant, as evidenced by a confidence interval containing zero (CI: .0000 to .0001).

Correlation between empathy for the stigmatized protagonist and empathy for her stigmatized group
Hypothesis H5 predicted that empathy for the stigmatized protagonist would positively correspond to more empathy for the stigmatized social group to which the stigmatized protagonist belongs. A Pearson correlation was computed to assess the relationship between empathy for the stigmatized protagonist with empathy for her stigmatized social group. Overall, there was a moderate positive relationship between empathy for the stigmatized protagonist and empathy for her stigmatized social group, \( r = .32, n = 208, p < .01 \).

When the results were broken down by the type of stigma label, the positive correlation was significantly weaker for the conditions featuring a protagonist with bipolar disorder (\( r = .20, n = 102, p < .05 \)) than it was for the stories featuring an HIV-positive protagonist (\( r = .43, n = 103, p < .01 \)). The correlation between empathy for the protagonist and empathy for the group is a negligible to weak positive relationship for the bipolar conditions, while there is a strong positive relationship in the HIV conditions.

These results may suggest that empathy for the group was not significantly affected by exposure, or empathy for the protagonist. Indeed, comparing participants who read about a stigmatized protagonist to participants who read about a non-stigmatized protagonist yields no significant differences on empathy for bipolar disorder or HIV individuals as a group (Bipolar: \( p = .779 \); HIV: \( p = .194 \)), indicating that empathy for the group may not have been significantly associated with empathy for a stigmatized protagonist. Instead, participants’ pre-existing attitudes about the stigmatized group may largely account for how they responded to the empathy-for-the-group items. Since a pre-test would have been difficult to administer without cueing participants to the nature of
the study, the extent to which prior attitudes shaped responses about empathy for individuals with HIV or bipolar disorder cannot be determined.

*Effect of Happy or Sad Story-Ending on Cognitive Representations*

Hypothesis 6 predicted that sad-ending narratives would correspond to more cognitive representations recollected about the narrative and hypothesis 7 proposed that more cognitive representations recollected about the narrative would mediate de-stigmatization. Hypothesis 6 was tested with an ANCOVA with gender, socioeconomic status, interpersonal reactivity (i.e. tendency towards empathy), and age included as covariates. Results revealed that there was a marginally significant interaction between story-ending and the protagonist’s stigma label on the number of cognitive representations recollected $F(2, 293) = 2.45, p<.10$. See Table 4 for means and standard deviations.

Table 4

<table>
<thead>
<tr>
<th>Stigma Label</th>
<th>Story-Ending</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV-Positive</td>
<td>Sad</td>
<td>7.27</td>
<td>5.97</td>
</tr>
<tr>
<td></td>
<td>Happy</td>
<td>8.08</td>
<td>6.88</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>Sad</td>
<td>8.55</td>
<td>6.75</td>
</tr>
<tr>
<td></td>
<td>Happy</td>
<td>8.42</td>
<td>8.72</td>
</tr>
<tr>
<td>No Stigma Label</td>
<td>Sad</td>
<td>10.42</td>
<td>9.33</td>
</tr>
<tr>
<td></td>
<td>Happy</td>
<td>6.49</td>
<td>5.82</td>
</tr>
</tbody>
</table>
Simple effects analyses revealed that a greater number of cognitive representations were recollected when the story had a sad ending in the context of a character with no stigma, \( t(301) = -2.55, p < .05 \). Simple effects at other levels were not significant. Perhaps the effect of emotional arousal operated in the hypothesized manner (sad emotional arousal motivating more cognitive representations recollected) only in the control conditions because there was no stigma label that inhibited further engagement and contemplation. Hypothesis 7, which proposed that more cognitive representations recollected about the narrative would mediate de-stigmatization, was not supported.

*The Impact of Ending on the Component Dimensions of Identification*

The research question asked whether story-ending impacted the component dimensions of identification, and whether the impact of story-ending could provide evidence regarding how identification functions as a retrospective appraisal. First, a factor analysis (principal components, varimax) revealed that there were three distinct components: empathic perspective-taking (Cohen’s original empathy and perspective-taking items), absorption/motivation, and perspective-sharing (If I were in Jess’s situation I would feel the way that she does, and I think I would react similarly to the way that Jess does if I were in a similar situation). See Table 5 on the following page for factor loadings.
### Table 5

**Factor Loadings for Identification Items.**

<table>
<thead>
<tr>
<th>Identification Scale Item</th>
<th>Factor 1 (empathic perspective-taking)</th>
<th>Factor 2 (motivational/absorption)</th>
<th>Factor 3 (perspective-sharing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>I tend to understand the reasons why Jess does what she does.</td>
<td>.860</td>
<td>.140</td>
<td>.203</td>
</tr>
<tr>
<td>I have a good understanding of Jess.</td>
<td>.846</td>
<td>.102</td>
<td>.128</td>
</tr>
<tr>
<td>I could feel the emotions that Jess felt.</td>
<td>.721</td>
<td>.305</td>
<td>.261</td>
</tr>
<tr>
<td>I felt I could really get inside Jess’s head.</td>
<td>.714</td>
<td>.354</td>
<td>.298</td>
</tr>
<tr>
<td>I was able to understand the events in the story in a manner similar to how Jess understood them.</td>
<td>.706</td>
<td>.345</td>
<td>.161</td>
</tr>
<tr>
<td>I felt I knew exactly what Jess was going through.</td>
<td>.663</td>
<td>.354</td>
<td>.322</td>
</tr>
<tr>
<td>I forgot myself and was fully absorbed while reading.</td>
<td>.378</td>
<td>.756</td>
<td>.000</td>
</tr>
<tr>
<td>If Jess succeeded I’d feel joy, but if she failed I’d feel sad.</td>
<td>.000</td>
<td>.745</td>
<td>.309</td>
</tr>
<tr>
<td>I felt as if I was a part of the action.</td>
<td>.381</td>
<td>.658</td>
<td>.000</td>
</tr>
<tr>
<td>I wanted Jess to succeed in achieving her goals.</td>
<td>.267</td>
<td>.607</td>
<td>.299</td>
</tr>
<tr>
<td>If I were in Jess’s situation, I’d feel the way that she does.</td>
<td>.241</td>
<td>.123</td>
<td>.861</td>
</tr>
<tr>
<td>I think I would react similarly to Jess if I were in a similar situation as her.</td>
<td>.256</td>
<td>.234</td>
<td>.852</td>
</tr>
</tbody>
</table>

*Note:* The values in bold indicate the items that loaded on each factor.

Perhaps the absorption and motivational items formed one factor in this case because the plot of the short story was not particularly goal-driven in this instance (i.e. the story focused on descriptive elements, such as descriptions about her mother’s cooking and the demeanors of other characters, rather than on the character achieving...
particular goals). Based on the unique factors identified, the impact of story-ending on each separate component was explored.

There was a marginally significant interaction effect ($p=.10$) between story-ending and stigma label on the empathic perspective-taking dimension of identification. Probing the interaction revealed that participants in the bipolar condition engaged in significantly greater empathic perspective-taking with the character with a happy story-ending compared to a sad story-ending $t(302)=2.19, p<.05$.

There was no significant effect of story-ending ($p=.175$) on the absorption/motivation component of identification. Given that narrative engagement and following the goals of a character should be an online, continuous process, this null finding makes sense. In other words, the story-ending should not significantly impact how the reader retrospectively assesses her narrative engagement or vicarious experience of the protagonist’s goals.

There was a significant main effect of story-ending on the perspective-sharing dimension of identification, $F(1, 294)=6.09, p<.05$. Participants assessed that they would have reacted more similarly to the character when the story ended on a positive note. See Table 6, 7, and 8 on the following pages for respective means and standard deviations of each dimension of identification.
Table 6

Effect of Story-Ending and Stigma Labels on the Empathic Perspective-Taking Dimension of Identification

<table>
<thead>
<tr>
<th>Stigma Label</th>
<th>Story-Ending</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV-Positive</td>
<td>Sad</td>
<td>4.51</td>
<td>1.21</td>
</tr>
<tr>
<td></td>
<td>Happy</td>
<td>4.64</td>
<td>1.29</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>Sad</td>
<td>4.48</td>
<td>1.13</td>
</tr>
<tr>
<td></td>
<td>Happy</td>
<td>4.99</td>
<td>.98</td>
</tr>
<tr>
<td>No Stigma Label</td>
<td>Sad</td>
<td>4.82</td>
<td>1.22</td>
</tr>
<tr>
<td></td>
<td>Happy</td>
<td>4.90</td>
<td>1.19</td>
</tr>
</tbody>
</table>

Table 7

Effect of Story-Ending and Stigma Labels on the Absorption-Motivational Dimension of Identification

<table>
<thead>
<tr>
<th>Stigma Label</th>
<th>Story-Ending</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV-Positive</td>
<td>Sad</td>
<td>4.34</td>
<td>1.34</td>
</tr>
<tr>
<td></td>
<td>Happy</td>
<td>4.70</td>
<td>1.19</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>Sad</td>
<td>4.24</td>
<td>1.18</td>
</tr>
<tr>
<td></td>
<td>Happy</td>
<td>4.59</td>
<td>1.02</td>
</tr>
<tr>
<td>No Stigma Label</td>
<td>Sad</td>
<td>4.57</td>
<td>1.14</td>
</tr>
<tr>
<td></td>
<td>Happy</td>
<td>4.55</td>
<td>1.25</td>
</tr>
</tbody>
</table>
Table 8

*Effect of Story-Ending and Stigma Labels on the Perspective-Sharing Dimension of Identification*

<table>
<thead>
<tr>
<th>Stigma Label</th>
<th>Story-Ending</th>
<th>Mean</th>
<th>Standard Deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV-Positive</td>
<td>Sad</td>
<td>4.44</td>
<td>1.42</td>
</tr>
<tr>
<td></td>
<td>Happy</td>
<td>4.67</td>
<td>1.40</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>Sad</td>
<td>4.16</td>
<td>1.09</td>
</tr>
<tr>
<td></td>
<td>Happy</td>
<td>4.69</td>
<td>1.00</td>
</tr>
<tr>
<td>No Stigma Label</td>
<td>Sad</td>
<td>4.42</td>
<td>1.05</td>
</tr>
<tr>
<td></td>
<td>Happy</td>
<td>4.75</td>
<td>1.08</td>
</tr>
</tbody>
</table>

These results lend support to the argument that identification is a reappraisal, as well as a continuous online process. The comparable levels of the absorption/motivation dimension of identification across conditions suggests that this component occurred continuously and was largely unaffected by any particular piece of information (i.e. the character’s stigma label and/or story-ending). These results are consistent with the entertainment-overcoming-resistance model (Moyer-Guse & Nabi, 2010) and research on the engaging advantage of entertainment narratives (Slater & Rouner, 2002). Because entertainment narratives are designed to absorb our attention and motivate us to care about the character’s goals, information that may otherwise be off-putting (a character’s stigma label, in this instance) or critically analyzed (the outcome of events, in this instance) has less impact on readers’ engagement. This further substantiates the view that
topics that are particularly susceptible to prejudiced reactions may be better received by target audiences when introduced in a narrative format.

The change in readers’ assessment of the extent to which they shared the character’s perspective and engaged in empathic perspective-taking (when the character had bipolar disorder) based upon story-ending provides evidence that identification can also function as a re-appraisal, in addition to being an online process. In particular, the degree to which participants felt that they shared the character’s perspective significantly contributed to their overall identification with the character. Thus, perhaps the identification process is driven not only by continuous emotional and cognitive engagement with the character, but also by the retrospective appraisal that you would have reacted similarly to the character if in a similar situation (i.e. share their perspective).

Identification as a Moderator of Story-Ending and Cognitive Representations Recollected

Hypothesis 8a predicted that the effect of story-ending on empathy for the stigmatized group to which the protagonist belongs would be moderated by identification with the stigmatized protagonist. Hypothesis 8b predicted that identification would also moderate the number of cognitive representations recollected about the narrative. H8a was tested with a macro designed to estimate simple moderation models (Hayes, 2012). Identification did not significantly moderate the effect of story-ending on empathy for the bipolar group, $F(1, 98) = .38, p=.58$, or empathy for the HIV-positive group, $F(1, 99) = .01, p=.97$. Identification also did not significantly moderate the effect of story-ending on cognitive representations recollections, $F(1, 99) = .03, p=.85$. 

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The Relationship Between Transportation and Identification in a Stigma Context

Hypothesis 9 predicted that when a character has a highly stigmatized health condition, transportation and identification would be less highly correlated compared to when the character is not stigmatized. A Pearson correlation was computed to assess the relationship between transportation and identification in the context of an HIV-positive protagonist, a protagonist with bipolar disorder, and when the protagonist had no stigma. There was a strong positive relationship between transportation and identification in all three contexts (HIV: $r = .78$, $n=103$, $p<.01$; Bipolar: $r = .63$, $n=102$, $p<.01$; No Stigma: $r = .74$, $n=103$, $p<.01$).

Identification as a Moderator of Perceived Similarity to a Stigmatized Protagonist

Hypothesis 10a predicted that identification would moderate perceived similarity to a stigmatized protagonist. In other words, when participants identified with a protagonist, they would judge themselves more similar to him or her. H10a was marginally supported by the interaction between identification with the HIV-positive protagonist and perceived similarity to the protagonist: $\Delta R^2 = .02$, $F(1, 99) = 2.63$, $p = .10$. Identification did not significantly moderate perceived similarity to the character in the context of a protagonist with bipolar disorder ($p = .33$) or a character with no stigma ($p = .24$). Perhaps because bipolar disorder is a less familiar and less alienating stigma in comparison to HIV, participants perceived similarity to a character with bipolar disorder did not need encouragement through the identification process. Similarly, in the context of a non-stigmatized protagonist, participants’ initial evaluations of similarity to the character were not hindered by a severe stigma label (e.g. HIV-positive), and thus were
most likely less subject to improve depending upon identification with the character.

*Gender-Match as a Moderator of Identification*

Hypothesis H10b predicted that identification would be moderated by the sex of the participants—when participants are gender matched with a protagonist, they would identify more highly. H10b was tested with ANCOVA inputting socioeconomic status and age as covariates. There was a marginally significant interaction effect between stigma label, emotional-valence of story-ending and the participant’s gender, $F(2,289)=2.86$, $p<.06$. Female participants tended to identify more with the protagonist, who was also female. See Figure 3 and Figure 4 for interactions broken down by happy or sad ending.

![Figure 3](chart.png)

Figure 3. Identification (y-axis) moderated by participant gender (x-axis) when story-ending is sad
Discussion

The purpose of this dissertation was to explore how stigma labels and emotions evoked at story-ending impact narrative processing, and how narrative involvement with a stigmatized character can influence de-stigmatization. Particular attention was paid to how stigma labels and emotional arousal at story-ending impact identification with the protagonist because of its promising implications for de-stigmatization via encouraging in-group perception. It is noted that this dissertation examined a relative comparison of happy/sad emotions, rather than a dramatic contrast between two different affective states. The fairly minimal manipulation speaks to this point, which is both a potential strength, as well as a limitation. It is a strength in the sense that significant differences between conditions were found in spite of the relatively subtle manipulation (perhaps speaking to the sensitivity of narrative processing to emotional arousal), and a limitation
in the sense that more clearly contrasting states of emotional arousal may have yielded more dramatic, and thus perhaps more telling, effects.

**Main Findings and Theoretical Contributions.** Results demonstrated that stigma labels, whether bipolar disorder or HIV-positive, hindered overall identification. Attributions about personal choice and potential in-group threat (e.g. contagiousness of the condition) associated with the stigma label did not seem to significantly factor into participants’ desire to identify with a stigmatized character. Rather, stigma labels generally decreased overall identification with the protagonist. In light of such findings, it seems that even more sympathetic stigma labels (e.g. epilepsy, mental illnesses) still inhibit identification.

Results demonstrated that happy or sad emotional arousal at story-ending did in fact impact retrospective evaluations of overall identification with the character—participants rated their overall identification significantly higher when the story ended on a positive note. These findings lend support to the affect heuristic because they similarly demonstrate that positive affect cued at story-ending can encourage readers to feel more empathetic toward the protagonist (La France & Hect, 1995). Furthermore, in line with the affect heuristic argument that emotions can influence judgment, participants assessed their overall identification with the protagonist differently depending on their generally positive or negative emotional arousal at story-ending—perhaps, unlike negative affect, positive affect at story-ending cued participants to judge that identifying with a stigmatized protagonist was relatively more beneficial than risky.
Particularly interesting is that participants’ affective arousal at story-ending was not directly due to the protagonist’s outcomes, yet identification with her was impacted nonetheless. One would think that identification with the protagonist would not be sensitive to outcomes related to secondary characters. Perhaps counter-intuitively, it seems that generally felt sad emotion can significantly hinder retrospective evaluations of identification. However, this finding is consistent with previous empirical demonstrations that affective cues, even when subliminally experienced and unrelated to the target stimulus, can guide preferences (Winkielman, Zajonc & Schwarz, 1997). In the present study, positive emotional arousal at story-ending was powerful enough to sway how participants evaluated their overall identification with the protagonist throughout the entire narrative.

To further explore which component/s of identification may have been particularly affected by emotional arousal at story-ending, its three dimensions (confirmed through a factor analysis) were examined separately. Analysis revealed that happy versus sad story-ending significantly influenced the perspective-sharing dimension of identification, while having marginally significant effect on the empathic perspective-taking dimension, and no effect on the absorption/motivation dimension.

These findings support the perspective that examining the distinct components of identification can be useful in certain contexts. These findings also further contribute to identification theory by demonstrating that identification is a continuous process, as well as a retrospective evaluation. Whereas engagement with the unfolding plot (i.e. absorption component) and adopting the character’s goals (i.e. motivational component)
occur continuously and are not as susceptible to being impacted by a single narrative element (i.e. a character’s stigma label or story-ending), assessments about whether one shared the character’s perspective remained open to revision at story-ending.

Interestingly, although overall identification was lower for the conditions that featured a stigmatized protagonist, regardless of the specific stigma attributes associated with the condition, separately examining the empathic perspective-taking component of identification revealed a striking pattern. Participants engaged in significantly more empathic perspective-taking when the story ended on a positive note in the specific context of a protagonist with bipolar disorder. The same was not true for the HIV-positive protagonist, where participants demonstrated no significant differences based on emotional arousal at story-ending.

Possible Explanations for Differences in HIV and Bipolar Conditions. Such findings tentatively suggest that employing certain strategies to encourage narrative involvement, such as positive emotional arousal, are more effective in the context of stigmas that are less associated with personal choice and in-group threat. Whereas bipolar disorder is an inherent biological condition that is not caused by behavioral choices made by the individual, HIV is typically associated with poor personal decision-making, such as engaging in unprotected sex and intravenous drug use. Future research should examine how different attributions associated with a stigma label can moderate de-stigmatization effects. In particular, future research can manipulate perceived choice associated with a character’s stigma by clearly attributing the stigma condition to be either due to the character’s actions or to the actions of others. For example, HIV can
either be attributed to unprotected sex or to a faulty blood transfusion. Post-traumatic stress disorder, which is a type of mental illness, can also be attributed to traumatic events caused by one’s personal actions or to actions caused by others. Controlling the perceived choice associated with a stigmatized condition may further illuminate how stigma attributions impact narrative involvement.

Another reason that may explain why there were differences between the HIV and Bipolar conditions is that whereas HIV is an illness that has received considerable media attention through news outlets and entertainment narratives (i.e. Philadelphia, Angels in America, Rent), bipolar disorder is relatively unfamiliar. The extent of participants’ understanding of bipolar disorder may have been that it is a type of mental illness, which is certainly less alienating than being HIV-positive. As a result of the disparate amount of media attention that HIV and bipolar disorder receive, the strength of participants’ existing attitudes toward the stigmatized health conditions were most likely different. The significant difference on empathic perspective-taking with a bipolar protagonist may reflect the disparate strength of participants’ attitudes about bipolar disorder relative to HIV. Whereas existing perceptions and opinions about HIV-positive individuals may have had strong initial impact on participants’ narrative processing and response to the HIV-positive protagonist, similar pre-conceptions were probably not as influential in the context of a bipolar protagonist.

Consistent with such explanations, it is possible that the specific cultural context of collecting data within the United States shaped the findings. For example, if the study had been run in Africa, where HIV is a more familiar and more prevalent illness, or if the
study had been run in China, where mental illness categories are conceived differently, participants’ reactions to an HIV-positive character or a character with bipolar disorder may have been different. The more contact or familiarity an individual has with an illness or a type of person is likely to shape the degree to which a narrative experience can impact their subsequent attitudes. Future research examining the extent to which prior knowledge, contact, and existing attitudes about stigma conditions impact narrative processing and involvement with a character should be conducted to help further substantiate these arguments.

Participants’ ability to engage in empathic perspective-taking with a protagonist labeled as HIV-positive appears to have been hindered from the start, and not particularly susceptible to positive emotional arousal at story-ending. In contrast, positive emotional arousal at story-ending significantly increased participants’ empathic perspective-taking with a protagonist labeled with bipolar disorder. Though the bipolar stigma label presented an initial barrier to identification, positive emotional arousal seems to have overcome participants’ inhibition to retrospectively identify with the bipolar protagonist. A possible explanation may be that stigma labels instinctively cue negative affect that motivates social distance via decreased empathic perspective-taking. However, when positive affect was aroused at story-ending, this may have been emotionally powerful enough to overcome the vaguely negative affect participants’ had associated with the protagonist throughout their reading experience.

A similar explanation also helps illuminate why the same pattern of significant difference between happy and sad story-ending did not exist when the protagonist was
HIV-positive or had no stigma. Existing negative affective associations with HIV were likely too strong to be altered by a single narrative experience. In contrast, in the conditions featuring a non-stigmatized protagonist, identification probably functioned in a more typical manner (i.e. identification gradually increasing throughout the narrative experience as the reader becomes more familiar with the protagonist) since participants had no initial barrier to overcome.

Practical Implications. These findings suggest at least two implications. First, entertainment educators who utilize narrative formats to combat stigmatization may benefit from introducing a character’s stigma midway through or at the end of a narrative, after readers/viewers have had more time to engage with the character without the initial hindrance of their existing prejudices. Second, for stigma labels that are less subject to extreme negative evaluation, such as bipolar disorder, counterbalancing the negative affect initially associated with the stigma label with positive emotional arousal may encourage participants’ to be more open to cognitively and emotionally understanding the stigmatized character. It is highlighted that the positive emotional arousal does not have to be directly related to the stigmatized protagonist’s life outcomes or emotional experience. Rather, as this dissertation data suggests, positive emotional arousal in general can obscure the influence of a stigma label on readers’ desire to engage with a character. Thus, empathic perspective-taking with a stigmatized character can be encouraged in spite of initial barriers.

Related to the argument that narratives can help combat stigmatization is the issue of subtyping, which is a particularly relevant limitation when considering the effects of a
single narrative, such as the one utilized for this dissertation. Subtyping refers to the tendency for people to differentiate between exemplars and prototypical members of a certain category. In other words, when individual exemplars are inconsistent with a perceiver’s pre-existing stereotypes about a group of people, the exemplar is disregarded as non-representative of the group. As a result of ignoring counter-stereotypical exemplars, the overall judgment of the out-group remains unchanged (Richards & Hewstone, 2001; Mastro & Tukachinsky, 2011). Thus, the subtyping literature argues that a counter-stereotypical exemplar must match the category in a meaningful way in order for impressions about the exemplar to generalize to group perceptions rather than being relegated to a singular example. In this sense, prototypical exemplars are more effective in changing stereotypes because they are more easily linked back to the group (Bodenhausen et al., 1995). In general, having multiple exemplars helps reduce stereotypes because diverse examples of a category of people is antithetical to stereotyping (Richards & Hewstone, 2001).

Given the tendency to subtype exemplars, it is important that an exemplar’s group membership is made salient during the encounter (Hewstone & Brown, 1986; Pettigrew, 1998). Such logic can also apply to a mediated contact situation. A salient categorization strategy would suggest that a character’s membership in a stigmatized out-group should be made salient to readers in order for generalizations to the group to effectively take place (Pettigrew, 1998). Pettigrew’s reformulated contact theory presents a longitudinal model of extended contact for prejudice reduction that can also apply to a mediated narrative experience. The reformulated contact theory proposes that initial
contact should be characterized by de-categorization, where group differences are minimally noticed and positive affect towards one another can be most fully experienced. Then, Pettigrew (1998) proposes that established contact should take place, where group categorizations become salient, thus leading to reduced prejudice and generalizations from the exemplar to the group. Finally, ideally, re-categorization should occur, where the exemplar influences perceptions about the overall group, thus combating stereotypes.

Pettigrew’s reformulated contact theory (1998) is consistent with this dissertation’s proposal that narratives may most effectively combat stigma by making a character’s stigma label most salient midway through the narrative. However, future research should further examine at which point a character’s stigma label should be introduced in order for de-stigmatization to occur. For example, perhaps making a character’s stigma label salient in the beginning, as well as again at the end would be more effective for encouraging the generalization of the exemplar to the wider group because it would help create stronger cognitive links between the exemplar and his or her stigmatized group. Alternatively, making a character’s stigma label salient from the beginning may prime readers’ to automatically categorize the character as an out-group member, which could hinder the identification process, as this dissertation’s results tentatively suggest. As a result, in line with Pettigrew’s argument, waiting until the middle of the narrative to introduce a character’s stigma label, and then making the stigma label salient at the end may have the best impact on de-stigmatizing re-categorization effects.
Beyond explicating how stigma labels and emotional arousal impact identification and, in particular, its’ empathic perspective-taking dimension, this dissertation also argued that adding an additional component to the identification construct, “perspective-sharing” could help increase its predictive validity on in-group perception. Indeed, mediation results demonstrated that merged perspective (i.e. empathic perspective-taking and perspective-sharing) had a stronger indirect effect on in-group perception than empathic perspective-taking alone. These findings extend previous work demonstrating that the empathy and perspective-taking dimensions of identification form one construct (Chung & Slater, in press). More importantly, these findings contribute to identification theory by providing initial evidence that the identification scale (Cohen, 2001) has room to improve its predictive validity by including a perspective-sharing dimension, which more accurately captures the notion of “merged perspective” with a narrative character.

Post-hoc Analyses. In addition to the supported hypotheses, there were also several unexpected findings. Merged perspective did not mediate de-stigmatization. Perhaps participants’ perspective-taking with a single character was not sufficient to influence their attitudes toward members of the character’s stigmatized social group as a whole. However, post-hoc analyses revealed that participants exhibited significantly more de-stigmatized attitudes toward HIV after exposure to a narrative featuring an HIV-positive protagonist.

Such findings offer support for the socially beneficial functions of mediated contact with out-group others in certain contexts—an intimate glimpse into the life of an individual labeled as HIV-positive encouraged de-stigmatization of HIV. The same
pattern was not found for participants who were exposed to a protagonist with bipolar disorder. In the latter case, there were no significant differences in de-stigmatization whether participants were exposed to a bipolar disorder protagonist or a protagonist with no stigma. Perhaps narrative involvement with an HIV-positive character had significantly greater impact on de-stigmatization because participants’ more limited personal contact with HIV positive individuals (HIV: M=2.41, SD=1.2 vs. Bipolar Disorder: M=3.40, SD=1.67) enabled a single narrative experience to have greater impact on their stigma attitudes.

_Strengths and Limitations._ Using written texts, this dissertation’s experimental design provided the benefit of a relatively clean manipulation between narrative conditions, which tends to be more of a challenge in entertainment education research. The relatively subtle manipulation of story-ending to influence emotion evoked by the story provided a conservative test of the effect of sad versus happy emotional arousal. A potential limitation may have been that no pre-test was employed. As a result, the impact of existing stigma attitudes on certain dependent variables, such as empathy for the stigmatized group, was unable to be clearly identified. A pre-test that measured the valence and strength of participants’ existing attitudes about bipolar disorder and HIV may have added a richer layer of understanding to the current results. However, the downsides of employing such a pre-test would have been significant given its potential to cue participants’ to the hypotheses. Perhaps this challenge could be addressed by administering an online pre-test several weeks before the lab session in order to minimize participants’ hypothesis guessing.
Regarding the de-stigmatization scale items, another limitation that may help explain why a merged perspective with a stigmatized protagonist did not mediate de-stigmatization (hypothesis 4b) is that the items were framed as societal perception (e.g. “Most people would think….”) rather than as personal perceptions about de-stigmatization (e.g. “I personally think….”). As a result, even if participants felt less stigmatized attitudes toward bipolar and HIV-positive individuals because of merged perspective with the stigmatized narrative character, it is likely that they answered the questions from the perspective of what they assumed society generally perceives. Thus, the items did not accurately capture the impact of the narrative on participants’ stigma attitudes, though simultaneously, the items were most likely less subject to social demand. Future research should incorporate items that specifically ask about personal stigma perceptions. Because deliberative measures may induce socially desirable responses, latent attitude measures, such as reaction time measures, should also be incorporated.

The current study initially attempted to incorporate such reaction time measures to help assess social distance perceptions from stigmatized individuals. However, due to a software-programming malfunction that the researcher did not anticipate, approximately 50% of participants’ reaction time data was not encoded. As a result, the reaction time component of the data was not included in the final analyses. However, given that the data from the deliberative measures still yielded significant findings that sufficiently addressed the hypotheses, the overall dissertation was fortunately not severely hindered by said data malfunction.
Particularly relevant to hypothesis 10b (when participants are gender matched with a protagonist, they would identify more highly) is that this study did not actually manipulate the protagonist’s gender. Thus, although the significant 3-way interaction between gender, stigma label, and emotional arousal suggests that the effect of gender-match on identification may be a topic that is worthwhile to further explore, it is difficult to argue that gender-match affects identification without having experimentally manipulated gender.

Regarding the cognitive representations recollected about the narrative, the post-test asked participants to “retell the story in your own words.” While there are advantages to this instruction—for example, it reveals what participants felt were the most salient, central themes of the narrative and allows them to be as detailed or brief as they wish—there were also disadvantages to this strategy. Participants were not prompted to share their thoughts specifically about the protagonist, which could have revealed more telling information about the retrospective identification process. In addition to prompting participants to share their thoughts about the protagonist, future research could also utilize existing, theoretically-based, inductive coding strategies, such as the landscape model, the event-indexing model, and consolidation (van den Broek, Rapp & Kendeou, 2005; Zwaan, Langston, & Graesser, 1995), to guide the analysis of the retellings data. In particular, approaching the retellings data from a landscape model perspective could help illuminate which concepts were most prominently represented in readers’ memory during their reconstruction of the narrative (van den Broek, Rapp & Kendeou, 2005). Thus, one could get a better sense of which elements of narrative
understanding were affected by readers’ emotional arousal and the character’s stigma label.

**Future Research Suggestions.** Future research that explores how narrative involvement can impact social identity should examine how perceptions about out-group member complexity can be impacted by narrative exposure. This dissertation suggested that a potential mechanism by which narrative involvement improves out-group perception may be through illuminating the humanizing characteristics of out-group others, thus motivating one to realize that such individuals are as distinctive as oneself. One manner in which this could be investigated is by employing a pre-test, post-test design where participants are asked to rate an out-group member on a multitude of adjectives that cover a range of personality dimensions. If participants’ demonstrated a more varied list of personality attributes associated with members of an out-group after exposure to a narrative featuring an out-group character, it would offer support for the argument that narratives can help audiences construct richer impressions of others.

Future research can also explore how emotional arousal that is directly related to the protagonist influences retrospective identification and narrative processing. Affective disposition theory (Zillmann & Cantor, 1972) would suggest that there would be an interaction between participants’ emotional reaction to the character’s positive or negative outcome and their social attraction to the character. Relatedly, future research can look more closely at how readers’ assessment of the character’s emotional reaction to a situation influences their identification with the character. As this dissertation argued, it seems likely that emotional reactions that are perceived to be dissonant with the readers’
own emotional reaction would decrease identification. An experimental design that manipulates the character’s emotional reaction would help validate this argument.

Finally, future research can also further examine how affect impacts retrospective reappraisal. This dissertation suggests that the affect experienced at story-ending impacted reader’s holistic impression of the overall narrative rather than being associated with only the last scene of the narrative. If the latter were true, reader’s higher identification with the stigmatized character may be due to a recency effect, where the positive affect experienced at story-ending functioned similar to a peripheral cue that shaped their immediate reflections about the character. This time-sensitive effect would be more likely to erode at a faster pace in readers’ memory than if readers’ overall identification with the stigmatized character was holistically shaped by their affect at story-ending. If affective arousal at story-ending colored readers’ overall impression of the narrative, one would predict that the emotions associated with the narrative experience would have more memorable and long-lasting impact on readers’ attitudes.

If such findings were in fact supported by future research, it may indicate that narratives can influence linkages in memory between stigma labels and affect. This has positive implications for de-stigmatization efforts because it suggests that positive affect associated with a stigmatized narrative character could potentially shape long-term attitudes about the stigma label associated with the character. Noting Slovic’s research on affect and risk perception, which articulates that affective processing is a valuable mechanism that helps us assess benefits versus risks (Slovic & Weber, 2002), it is plausible to compare stigma labels to risk cues that are associated with negative
emotions. Similar to assessments that are viewed as risky, stigma labels are commonly associated with negative affect, such as disgust, fear, and anger (Smith, 2007). If one accepts the perspective of “risk as feeling,” then it becomes defensible to argue that influencing the affect associated with a stigma label to be more positive may help combat the negative attitudes associated with the stigma. In other words, entertainment narratives featuring stigmatized characters who arouse positive emotions may help gradually dissipate the tendency to link negative feelings with stigmatized individuals, thereby reducing stigma.

**Conclusion.** The findings of this dissertation primarily helped further identification theory by demonstrating how its component dimensions may be differentially impacted by emotional arousal at story-ending and a protagonist’s stigma label. The results helped substantiate the view that identification is a re-appraisal that happens at post-story, in addition to being a continuous online process. In addition, the indirect effect of merged perspective on in-group perception illuminated that identification’s predictive validity for social identity outcomes may be improved by adding a “perspective-sharing” component. These findings are particularly relevant for entertainment educators who wish to impact intergroup perceptions utilizing narrative formats. The potentially powerful influence of entertainment media on pro-social outcomes, such as de-stigmatization, will hopefully motivate media producers to utilize the medium responsibly and for social good. Perhaps the most rewarding aspect of entertainment narratives is not simply the vicarious emotional experience it provides, but
also its ability to infinitely enrich how we perceive our fellow human beings and the world around us.
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Appendix A: Instructions and Stimuli Material
Instructions:

**HIV-positive protagonist:** Welcome to the study. Today you will be reading a short story about a woman named Jess, who was diagnosed as HIV positive 2 years ago. The short story is a reflection about a period during her adolescence that she is reminiscing about. Please take your time to read the short story since you have plenty of time. Afterwards, you will answer questions on the computer about your thoughts and feelings related to the story and main character. Please turn off your cell phone and keep it in your bag throughout the study so that you are not interrupted. Thank you for your time and consideration.

**Bipolar protagonist:** Welcome to the study. Today you will be reading a short story about a woman named Jess, who was diagnosed with bipolar disorder 2 years ago. The short story is a reflection about a period during her adolescence that she is reminiscing about. Please take your time to read the short story since you have plenty of time. Afterwards, you will answer questions on the computer about your thoughts and feelings related to the story and main character. Please turn off your cell phone and keep it in your bag throughout the study so that you are not interrupted. Thank you for your time and consideration.

**Protagonist with no stigma:** Welcome to the study. Today you will be reading a short story about a woman named Jess, in which she reminisces about a period during her adolescence 10 years ago. Please take your time to read the short story since you have plenty of time. Afterwards, you will answer questions on the computer about your thoughts and feelings related to the story and main character. Please turn off your cell phone and keep it in your bag throughout the study so that you are not interrupted. Thank you for your time and consideration.

**Sad-ending story:**

On an otherwise unceremonious winter Tuesday, the first snow began to fall and I was reminded of a time a decade earlier when you and I were both just beginning to understand the complexity and strangeness of life. This was an era before that shattering moment 2 years ago when Dr. Nelson’s uneasy gaze betrayed her otherwise calm demeanor as she diagnosed my disorder for the first time. With every word she spoke, the earth seemed to cave in further. Walking out of her office back into the oblivious, un-empathetic daylight, I was genuinely stunned that the external world had not collapsed as I felt I had inside. You did not come to mind then as you did today. The snow reminded me of a calmer time before this – when a cocktail of meds did not accompany my breakfast. I thought of you, a person I no longer knew, and wondered how you might have changed since then, and how you might think of me if you met me now.

I had seen you before, too many times to count, but a farewell that my family threw for yours, at our house on Regent Street is when I begin to recall your presence in my life. Your parents had decided to leave Madison to move back to Santa Barbara, abandoning the grayer eastern climate that they despised so much. It was 1992. I was six years old. You were nine. What I remember most clearly are the hours before the party, which my mother spent preparing for everyone to arrive: the furniture was dusted, the paper plates and napkins set out on the table, the rooms filled with the smell of beef stew and buttered green beans and the L’air du Temps my mother used for special occasions, spraying it first on herself, then on me, a firm squirt that temporarily darkened whatever I was wearing.
Our mothers had met when mine was pregnant. She didn’t know it yet; she was feeling dizzy and had sat down on a bench in a small park. Your mother was perched on a swing, gently swaying back and forth as you soared above her, “Are you feeling all right?” your mother asked with warm concern. She told you to get off the swing, and then she and you escorted my mother home. It was during that walk that your mother suggested that perhaps mine was expecting. They became instant friends. They talked about the lives they had left behind on the west coast. Santa Barbara: your mother’s beautiful home in West Beach, with orchids and rosebushes blooming on the rooftop, and my mother’s modest apartment in Fullerton above a Pizza shop, where six people existed in three small rooms. In their youth they would probably have had little occasion to meet. Your mother had gone to a private academy and was the daughter of one of Santa Barbara’s most prominent lawyers. My mother’s father was a clerk in the General Post Office, and she had never traveled outside the country. Those differences were irrelevant in Madison, where they felt equally alone, not knowing anyone on this side of the continent beside their husbands.

In the days before you left back to California, your parents came by again, to bring over pots and pans, small appliances, blankets and sheets, half-used bags of flour and sugar, bottles of shampoo. We continued to refer to these things as your mother’s. “Get me Laura’s frying pan,” my mother would say. Or, “I think we need to turn the setting down on Laura’s toaster.” Your mother also brought over shopping bags filled with clothes that she thought I might be able to use that had once belonged to you. My mother put the bags away and took them with us when we moved, a few years later, from Regent Street to a house in Burr Oaks, incorporating the clothes into my wardrobe as I grew into them. Mainly they were winter items, things you would no longer need in Santa Barbara. There were thick T-shirts and turtlenecks in navy and brown. I found these clothes ugly and tried to avoid them, but my mother refused to replace them. And so I was forced to wear your sweaters, your rubber boots on rainy days.

One winter I had to wear your coat, which I hated so much that it caused me to hate you as a result. It was blue-black with an orange lining and a scratchy grayish-brown trim around the hood. When I asked my parents if I could have a new coat they said no. A coat was a coat, they said. I wanted desperately to get rid of it. I wanted it to be lost. I wished that one of the boys in my class, many of whom owned identical coats, would accidentally pick it up in the narrow alcove where we rushed to put on our things at the end of the day. But my mother had gone so far as to iron a label inside the coat with my name on it, an idea she’d got from her subscription to Good Housekeeping.

Once I left it on the school bus. It was a mild late-winter day, the windows on the bus open, everybody’s outerwear shed on the seats. I was taking a different bus than usual, one that dropped me off in the neighborhood of my piano teacher, Mrs. Hennessey. When the bus neared my stop I stood up, and when I reached the front the driver reminded me to be careful crossing the street. She pulled back the lever that opened the door, letting fragrant air onto the bus. I was about to step off, coatless, but then someone cried out, “Hey, Jess, you forgot this!” I was startled that anyone on that bus knew my name; I had forgotten about the name-tag.

By the following year I had outgrown the coat, and to my great relief it was donated to charity. The other items your parents bequeathed to us, the toaster and the crockery and the Teflon pots and pans, were gradually replaced as well, until there was no longer any physical trace of you in the house. For years our families had no contact. The friendship did not merit the same energy my parents devoted to their relatives, setting aside time for phone calls every month. My parents spoke of you rarely, and I imagine they assumed that our paths were unlikely to cross again. You’d moved to
Montecito, a city far from Fullerton, which my parents and I never visited. And so we did not see you, or hear from you, until the first day of 2000, when your father called us very early in the morning to wish us a happy New Year and say that your family was returning to Madison, where he had a new job. He asked if, until he found a house, you could all stay with us.

Until your return I’d thought of you as a boy of eight or nine, frozen in time, the size of the clothes I’d inherited. But you were twice that now, seventeen, and my parents thought it best that you occupy my room, and that I sleep on a folding cot set up in their bedroom. Your parents would stay in the guest room, down the hall. I had never been asked to relinquish my room entirely. I asked my mother why they weren’t giving you the folding cot instead of me.

“Where would we put it?” she asked. “We only have three bedrooms.”

“Downstairs,” I suggested. “In the living room.”

“That wouldn’t be right,” my mother said. “David must practically be a man by now. He needs his privacy.”

“What about the basement?” I said, thinking of the small study my father had built there, lined with metal bookcases.

“That’s no way to treat guests, Jess. Especially not these. Dr. Lee and Laura were such a blessing when we first had you. They drove us home from the hospital, they brought over food for weeks. Now it’s our turn to be helpful.”

“What sort of doctor is he?” I asked. Though I had always been in good health, I had an irrational fear of doctors then, and the thought of one living in the house made me nervous, as if his mere presence might make one of us sick.

Even now, I still get nervous before my regular appointments with Dr. Nelson, but it is no longer based on imagined worries.

“He’s not a medical doctor. It refers to his Ph.D.”

“Dad has his Ph.D. and no one calls him a doctor,” I pointed out.

“When we met, Dr. Lee was the only one. It was our way of being respectful.”

I asked how long you would be staying with us—a week? Two? My mother couldn’t say; it all depended on how long it took your family to get settled and find a place. I studied pictures of your parents; we had a few pasted into an album, taken the night of the farewell party. There was my father dressed in a sweater vest, his shirt cuffs rolled back, pointing urgently at something beyond the frame. Your father was in the suit and tie he always wore, his handsome, bespectacled face leaning toward someone in conversation, his grayish eyes unlike anyone else’s. The middle part in your mother’s hair accentuated the narrow length of her face; the end of her shawl was wrapped around her shoulders elegantly. My mother stood beside her, a head shorter and more disheveled, stray hairs hanging by her ears. They both appeared flushed, the color high in their cheeks, as if from drinking wine, the bond between them clear. There was no evidence of you, the person I was most curious
about. Who knows where you had lurked in that crowd? I imagine you sat at the desk in the corner of my parents’ bedroom, reading a book you’d brought with you, waiting for the party to end.

My father went one evening to the airport to greet you. It was a school night for me. The dining table had been set since the afternoon. This was my mother’s way when she received guests, though she had never prepared such an elaborate meal in the middle of the week. An hour before you were expected, she turned on the oven. She had heated up a pan full of oil and begun to fry thick slices of toast to serve with the dips she’d made from scratch, filling the room with a haze of smoke, when my father called to say that though your plane had landed, one of your suitcases had not arrived. I was hungry by then, but it felt selfish to ask my mother to open the oven door and pull out all the dishes for my sake. My mother turned off the oil and I sat with her on the sofa watching a movie on television, something about the Second World War, in which a group of tired men were walking across a dark field.

I fell asleep at her side, and the next thing I knew I was sprawled on the sofa alone, the television turned off, voices filling another part of the house. I stood up, my face hot, my limbs cramped and heavy. You were all in the dining room, eating. Pans of food lined the table, and in addition to the water pitcher there was a bottle of Johnnie Walker that your parents were drinking, set between their plates. There was your mother, her slippery chestnut colored hair cut to her shoulders, wearing slacks and a blouse, a silk scarf knotted at her neck, looking only vaguely like the woman I’d seen in the pictures. With her bright lipstick and frosted eyelids she looked less exhausted than my mother did. She had remained thin, her collarbones gloriously protruding, unburdened by the weight of middle age that now padded my mother’s features. Your father looked more or less the same, still handsome, still wearing a jacket and tie, a different style of glasses his concession to the new decade. You were tan like your father, long bangs combed over to one side of your face, your eyes distracted yet missing nothing. I had not expected you to be handsome. I had not expected to find you appealing in the least.

“My goodness, Jess, already a lady. You don’t remember us, do you?” your mother said. She spoke to me in a pleasant, unhurried way, with a voice that sounded amused. “Come, poor thing, we’ve kept you waiting. Your mother told us you went hungry because of us.”

I sat down, embarrassed that you had seen me asleep on the sofa. Though you had all just travelled across the country, it was I who felt weary, despite my nap. My mother served me a plate of food, but her attention was on you and the fact that you were refusing seconds.

“We had dinner before we landed,” you replied. Your voice had deepened, no longer a child’s.

“It’s remarkable, the amount of food you get in first class,” your mother said, eyes glowing. “Champagne, chocolates, even caviar. But I saved room. I remembered your cooking, Meg,” she added.

“First class!” my mother exclaimed, with an intake of breath. “How did you end up there?”

“It was my fortieth-birthday gift,” your mother explained. She looked over at your father, smiling. “Once in a lifetime, right?”

“Who knows?” he said, sheepishly proud of his present. “It could become a terrible habit.”
Our parents spoke of the old Madison crowd, mine telling yours about people’s moves and accomplishments, the bachelors who had married, the children who had been born. Your parents spoke of Santa Barbara and the home you had left behind, a Spanish-style stucco by the ocean with a balcony overlooking palm trees and the Pacific. “A shame we never got the chance to entertain you there,” your mother said. My parents agreed. For our vacations we had always chosen more affordable beach trips to South Carolina or Florida instead of the west coast.

After dinner I was told to show you the house and where you would sleep. Normally I loved to do this for guests, taking a proprietary pleasure in explaining that this was the broom closet, that the downstairs half-bath. But now I lingered over nothing, for I felt self-conscious that I might bore you. I was nervous at being sent off with you, disturbed by the immediate schoolgirl attraction I felt. I was used to admiring boys by then, boys in my class who were and would remain unaware of my existence. But never someone older, never a family friend’s son! It was you who led me, climbing quickly up the stairs, opening doors, poking your head into rooms, casually glancing around.

“This is my room. Your room,” I said, correcting myself.

After dreading it all this time, now I was secretly thrilled that you would be sleeping here. You would absorb my presence, I thought. Without my having to do a thing, you would come to know me and like me. You walked across the room to the window, opened it, and leaned out into the darkness, letting cold air into the room.

“Ever go out on the roof?” you asked. You did not wait for me to answer, and the next thing I knew you’d lifted the screen and were gone. I rushed over to the window, and when I leaned outside I couldn’t see you. I imagined you slipping on the shingles, falling into the shrubbery, my being blamed for the accident, for standing by stupidly as you did such a brazen thing. “Are you O.K.?” I called out. The logical thing would have been to say your name, but I felt inhibited and did not. Eventually you came back around, seating yourself comfortably on the incline over the garage, gazing down at the lawn.

“What’s behind the house?”

“Woods. But you can’t go there.”

“Who said?”

“Everyone. My parents and all the teachers in school.”

“Why not?”

“A boy got lost in them last year. He’s still missing.” His name was Kevin McGrath, and he’d been two grades behind me. For a week we’d heard nothing but helicopters, dogs barking, searching for some sign of him.

You absorbed the information but didn’t visibly react to it. Instead you asked, “What’s that thing to the right?”

“A swing set.”
The word must have amused you. You faced me and smiled, as if I’d invented the term. I averted your gaze, thinking that my eyes would automatically reveal my interest in you.

“I missed the cold,” you said. “This cold.” The remark reminded me that none of this was new to you. “And the snow. When will it snow again?”

“I don’t know. There wasn’t snow for Christmas this year.”

You climbed back into the room, perhaps disappointed, I feared, by my lack of information or shyness. You glanced at yourself in my white-framed mirror, your head nearly cut off at the top. “Where’s the bathroom?” you asked, already halfway out the door.

I felt so exhilarated by our commonplace interactions. I sometimes find myself hopelessly wishing that this kind of youthful innocence could have lasted forever.

That night, lying on the cot in my parents’ room, wide-awake though it was well past midnight, I heard my mother and father talking in the dark. I worried that perhaps you would hear them, too. The bed where you slept was just on the other side of the wall, and if I had been able to stick my hand through it I could have touched you. My parents seemed startled and intimidated by yours, not expecting the ways in which they had changed. California had made them 20 years younger, my mother exclaimed. She felt strangely aged in comparison. They humorously noted your mother’s taste for candies and champagne, and noticed the Johnnie Walker she and your father had continued to drink after the meal was finished, taking it with them from the dining room to the living room. My parents, who were frugal and seldom drank—beer at most, certainly never anything premium—wondered whether they should buy another bottle—at the rate your parents were going, that bottle would be drained by tomorrow, my mother said. She remarked that your mother had become quite trendy, and your father seemed uncharacteristically attentive to her in a way that he had never been in their earlier days. My mother’s birthdays came and went without much acknowledgment by my father. I was the one who made a card and had him sign it with me on the first of every June. I suppose my father took her more for granted back then—neither of them had realized the monotony of their marriage until your parents visited.

One day I came home from school and found your parents in the den, their ankles crossed on top of the coffee table, filling up the sofa where I normally sat to watch my favorite reruns of “Friends” and “Seinfeld.” They were chatting with my mother, who was in the recliner with a bowl in her lap, peeling potatoes. Distressing news of your mother’s missing suitcase had come: it had been located in Los Angeles but had been placed on a flight to Detroit. I was told that you were outside in the yard. I did not go out to look for you. Instead I practiced the piano. Intermittently I would glance out the window, hoping to catch sight of you. It was nearly dark by the time you came in, accepting the tea that I still declined in favor of my cranberry juice. You had gone out in only a pullover, your father’s costly camera slung around your neck. Your face showed the effects of the cold, your eyes blazing, the borders of your ears crimson, your skin glowing from within.

“There’s a stream back there,” you said, “in those woods.” My mother became nervous then, warning you not to go there, as she had so often warned me, as I had warned you the night you came, but your parents did not share her concern. What had you photographed, they brightly asked instead.
After a week your father began his new job, at an engineering firm forty miles away. At first my father got up early and dropped him off before returning to Madison to teach his economics classes. Then your father bought an Audi with a stick shift. You stayed home with our mothers—your parents wanted to wait until they’d bought their home to see which school you would go to. I was stunned, and envious—half a year without school! To my added chagrin, you were never nagged by your mother to do anything around the house, never to return your plate or glass to the sink, never to make my bed, which I would see from time to time through the partly open door to my room in a state of total disarray, the blanket on the floor, your clothes heaped on my white desk. I wondered why your mother rarely criticized you for such habits. Instead, she would more often embrace you for no particular reason, always giving you kisses on the cheek before she turned into bed. I would find you, when I came home in the afternoons, always at the same end of the sofa, the toes of your thin bare feet hooked around the edge of the coffee table, reading books by Isaac Asimov that you’d picked off my father’s shelves in the basement. Sometimes I would resent the relaxed, pleasant nature of your days while my hours had been confined to school. I did not know what to make of you. You did not seem to be curious about me the way I was about you.

One day a friend at school invited me to see “Castaway” on a Saturday afternoon. My mother said that I could go, but only if you were invited as well. I protested, telling her that my friend did not know you. Despite my crush, I didn’t want to have to explain to my friend who you were and why you were living in our house.

“You know him,” my mother said.

“But he doesn’t even like me,” I complained.

“Of course he likes you,” my mother said, blind to the full implication of what I’d said. “He’s adjusting, Jess. It’s something you’ve never had to go through.”

The conversation ended there. As it turned out, you had already seen the movie and did not end up coming with us.

One day I found you sitting at my piano, randomly striking the keys with your index finger. You stood up when you saw me and retreated to the couch.

“Do you hate it here?” I asked.

“I liked living in Santa Barbara,” you said.

The conversation ended quickly as I momentarily felt overcome by self-consciousness and could not respond with more than a nod. Your steady gaze was disarming.

In the evenings we sometimes went house hunting with your family. We took the station wagon; the beautiful car your father had bought could not comfortably accommodate us all. My father drove, hesitantly, to unknown neighborhoods where the lawns were all a little bigger than ours, the houses spaced a little farther apart. Your parents searched first in Shorewood Hills and Hoyt Park, where the schools were best. Some of the homes we saw were empty, others full of the current occupants and their possessions. None, according to the conversations I overheard at night as I tried to fall asleep,
were the sort my parents could afford. They stepped to the side as your parents discussed asking prices with the real-estate agents. But it wasn’t money that stood in the way. The houses themselves were the problem, the light scant, the ceilings low, the rooms awkward, your parents always concluded as we drove back to our house. Unlike my parents, yours had opinions about design, preferring something contemporary, excited when we happened to pass a white boxlike structure obscured by a thicket of tall trees. They sought an in-ground pool, or space to build one; your mother missed swimming at her club in Santa Barbara. “Water views, that’s what we should look for,” your mother said, while reading the classified section of the Capital Times one afternoon, and this limited the search even further.

My parents felt self-conscious after realizing your parents’ extravagant visions, “How uncomfortable you must be here,” they said, but your parents never complained. “I didn’t expect it to take this long,” my mother said, noting that almost a month had gone by. Again and again I heard how much your parents had changed, how we’d unwittingly opened our home to strangers. My mother said that your father was too indulgent, too solicitous of your mother, always asking if she needed a fresh drink, bringing down a cardigan if she was cold. In retrospect, I believe that at first my mother resented your family’s relatively liberal views on discipline and having fun. Her engrained views from childhood that life should be ascetic and unfrivolous was inadvertently challenged by your parents’ way of doing things.

Of course I didn’t mind your staying with us. In my quiet, complicated way I continued to like you, was happy simply to observe you day after day. And I liked your parents, your mother especially; the attention I got from her almost made up for what I didn’t get from you. One day your father developed the photographs from your vacation in Rome. I enjoyed seeing the prints, holding them carefully by the edges. The pictures were almost all of you and your mother, posing in piazzas or sitting on the edge of fountains. There were two shots of Trajan’s column, nearly identical.

You were in one of the photographs, standing to one side. You were looking down, your face obscured by a visor. You could have been anyone, one of the many passing tourists in the frame, but it bothered me that you were there, your presence threatening to expose the secret attraction I felt and still hoped would be acknowledged somehow. You had successfully wiped away all the other crushes I harbored at school, so that I thought only of being at home, and of where in the course of the afternoon and evening our paths might intersect, whether or not you would bother to glance at me at the dinner table. Long hours were devoted, lying on the cot in my parents’ room, to imagining you kissing me. I was too young, too inexperienced, to contemplate anything beyond that—how far removed I feel from that kind of childish innocence now. I accepted the picture, and pasted it into my report, but not before cutting the part with you away. That bit I kept, hidden among the blank pages of my diary, locked up for years.

Immediately after my diagnosis two years ago, I sifted through the boxes full of mementos I’d collected over the years— I think I was trying to remind myself who I was at a time when I felt completely lost. I remember I came across your picture taken in Rome and paused on it, studying it much longer than the other items, trying to count the years that had passed since I’d last seen you. I wished that we could be adolescents again.

Your wish for snow had not been granted since you’d arrived. There were brief flurries now and again, but nothing stuck to the ground. Then one day snow began to fall, barely visible at first, gathering force as the afternoon passed, an inch or so coating the streets by the time I rode the bus
home from school. It was not a dangerous storm, but significant enough to break up the monotony of winter. After dinner we crowded into the living room, watching the news as the snow continued to fall, excited to learn that my school would be closed and my father’s classes cancelled the next day. “You take the day off, too,” your mother said to your father, and to everyone’s surprise he agreed.

“It reminds me of the winter we left Madison,” your father said. He and your mother were sipping their Johnnie Walker, and that night, though my mother still declined in favor of her cider, my father agreed to join them. “That party you had for us,” your father continued, turning to my parents. “Remember?”

“Seven years ago,” my mother said. “It was another life, back then.” They spoke of how young you and I had been, how much younger they had all been.

“Such a lovely evening,” your mother recalled, her voice soft and pensive.

In the morning icicles hung from our windows and a foot of snow blanketed the ground. After breakfast our fathers took turns with the shovel, clearing the driveway. When the wind had settled I was allowed to go outside. Usually, I made snowmen alone, scrawny and lopsided, my parents complaining, when I asked for a carrot, that it was a waste of food. But this time you joined me, touching the snow with your bare hands, studying it, looking happy for the first time since you arrived. You packed a bit of it into a ball and tossed it in my direction. I ducked out of the way, and then threw one at you, hitting you in the leg, aware of the camera hanging around your neck.

“I surrender,” you said, raising your arms. “This is beautiful,” you added with a smile, looking around at our lawn, which the snow had transformed. I felt flattered, though I had nothing to do with the weather. You began walking toward the woods and I hesitated. There was something you wanted to show me there, you said. Covered in snow on that bright blue-skied day, the bare branches of the trees concealing so little, it seemed safe. I did not think of the boy, lost there and never found. I felt brave and invincible with you. From time to time you stopped, focusing your camera on something, never asking me to pose. We walked a long way, until I no longer heard the sounds of snow being shoveled, no longer saw our house. I didn’t realize at first what you were doing, getting on your knees and pushing away the snow. Underneath was a rock of some sort. And then I saw that it was a tombstone. You uncovered a row of them, flat on the ground. I began to help you, unburying the buried, using my mittened hands at first, then my whole arm. They belonged to people named Simonds, a family of six. “They’re all here together,” you said. “Mother, father, four children.”

“I never knew this was here.”

“I doubt anyone does. It was buried under leaves when I first found it. The last one, Tessa, died in 1953.”

I nodded, noticing the similarity of the name to mine, wondering if this had occurred to you.

“It makes me think of all the different lives we could have been born to live. I wonder why this one? Why are we spared from so much of the misery that other people endure? We’re protected from the bad things happening in other parts of the world just by chance.”

I looked at you, surprised by your candid philosophical musings, and so you continued, explaining that there had been threat of a cancer in your mother’s breast last spring. Caught in its early stages, the tumor had been eradicated with relative ease. Afterwards, still in shock with immense gratitude
and relief, your parents had reassessed priorities. That was why you had left Santa Barbara. Your father had decided to return to his previous firm, which would allow him more flexibility to spend time with family and friends. This freedom would have been impossible if he had stayed at his Santa Barbara firm. After the cloud of uncertainty and worry about potential relapse had passed, you felt nearly intoxicated with appreciation and gratitude for the trivial details of life. As the dark times passed and hope of full recovery grew stronger every day, your parents fell recklessly in love with each other in a way that far surpassed the affections of their younger days. It was as if they had believed, and were then proven correct, that love was the cure.

Despite the frosty temperatures that made the air we exhaled visible, I felt warmth radiating from you—your happiness was almost tangible. My eyes glazed and provided relief from the dry air; I had not expected to hear such intimate details about your life and I felt caught off-guard by my reaction. I was flattered that you wanted to share your happiness with me; that somehow I had become your unlikely confidante. I asked why my parents seemed unaware that your mother was ever ill. Your parents had not wanted to remind themselves or others of a time they were grateful to have lived past. They gazed fiercely forward, valuing the present in a way that had been overlooked before.

At first I stood there silently, my face expressionless as I absorbed what you had shared. My response startled me as it probably did you—I caught you in an embrace, my spontaneous boldness fueled by the epiphany that life was a strange, beautiful phenomenon. Though at first your muscles tensed in surprise at my forwardness, you soon relaxed. It felt strangely comfortable for us to hold each other in this way, for us to be so close for the first time. The moment lasted a few seconds before my adolescent girlishness made me blush with self-consciousness. I abruptly released my embrace and smiled without looking at you.

We stood close together for a few moments longer facing one another, pressing the soles of our boots into the snow. You did nothing, you said nothing more; there was no need to. We shared a peaceful silence. We both recognized the loveliness of the moment, even in our naïve youth. You remained where you were, looking down at the tombstone of Tessa Simonds. The tombstone that had at first made me flinch with uneasiness now made me reconsider my previous notion that my life was rather unremarkable and trivial.

Soon you began to walk back to our yard. I followed you along the path you had discovered, and then we parted, you shoveling the driveway, I going inside for a hot shower. We did not acknowledge that afternoon throughout the rest of your stay. The dynamic remained unchanged between us as far as anyone else could tell. Our parents would never have suspected that we had grown closer in an instant. We seemed to tacitly agree that this sort of casual charade was appropriate and more comfortable for both of us. Back then, we were still too uncertain of ourselves to be bluntly interested in each another, especially while under the peripheral gaze of our parents.

Two weeks later, you moved to your new place. Your parents bought a house in Shorewood Hills, which had been designed by a well-known Chicago architect. It had a perfectly flat roof and whole walls of glass. The upstairs rooms were arranged off an interior balcony, the ceiling in the living room soaring to twenty feet. The backyard was generous and there was a lagoon shaped pool with granite tiles, just as your mother had always dreamt of. We admired the house and the property, the echoing, bare rooms that would soon be filled with the bustling details of your life and thus seem as if they had always contained you. There was a bedroom with a skylight; underneath it, your mother told us, she planned to position her bed. Waking up by sunlight every morning and falling asleep beneath the
stars was not just a frivolous, childish desire after all, she said smiling. The unfettered happiness your parents chose for themselves was contagious. My own mother and father seemed to absorb their high spirits and become more buoyant as their friendship grew closer once again. We spent many summer twilights at your pool, accompanied by fireflies and a summer symphony of rustling leaves and crickets. It is difficult to recall the specific details of any one of those evenings, but I vividly remember feelings of peace and simple happiness.

Initially after my diagnosis, it seemed a light went out. I felt that I was living in darkness – at one point, I believed that it would last forever. Then, one day, I realized that somehow, imperceptibly over the course of so many months, my feelings of despair had subsided. Once again, majestic summer sunrises struck me with a familiar awe as shades shifted from deep purple to dark reds and oranges and eventually to a pink, lemony daylight that I felt lucky to greet. Memories of my idyllic youth, of our utopian summers, fill my heart and I know again that life goes on beautifully.

Happy-ending story:

On an otherwise unceremonious winter Tuesday, the first snow began to fall and I was reminded of a time a decade earlier when you and I were both just beginning to understand the complexity and strangeness of life. This was an era before that shattering moment 2 years ago when Dr. Nelson’s uneasy gaze betrayed her otherwise calm demeanor as she diagnosed my disorder for the first time. With every word she spoke, the earth seemed to cave in further. Walking out of her office back into the oblivious, un-empathetic daylight, I was genuinely stunned that the external world had not collapsed as I felt I had inside. You did not come to mind then as you did today. The snow reminded me of a calmer time before this – when a cocktail of meds did not accompany my breakfast. I thought of you, a person I no longer knew, and wondered how you might have changed since then, and how you might think of me if you met me now.

I had seen you before, too many times to count, but a farewell that my family threw for yours, at our house on Regent Street is when I begin to recall your presence in my life. Your parents had decided to leave Madison to move back to Santa Barbara, abandoning the grayer eastern climate that they despised so much. It was 1992. I was six years old. You were nine. What I remember most clearly are the hours before the party, which my mother spent preparing for everyone to arrive: the furniture was dusted, the paper plates and napkins set out on the table, the rooms filled with the smell of beef stew and buttered green beans and the L’air du Temps my mother used for special occasions, spraying it first on herself, then on me, a firm squirt that temporarily darkened whatever I was wearing.

Our mothers had met when mine was pregnant. She didn’t know it yet; she was feeling dizzy and had sat down on a bench in a small park. Your mother was perched on a swing, gently swaying back and forth as you soared above her, “Are you feeling all right?” your mother asked with warm concern. She told you to get off the swing, and then she and you escorted my mother home. It was during that walk that your mother suggested that perhaps mine was expecting. They became instant friends. They talked about the lives they had left behind on the west coast. Santa Barbara: your mother’s beautiful home in West Beach, with orchids and rosebushes blooming on the rooftop, and my mother’s modest apartment in Fullerton above a Pizza shop, where six people existed in three small rooms. In their youth they would probably have had little occasion to meet. Your mother had gone to a private academy and was the daughter of one of Santa Barbara’s most prominent lawyers. My
mother’s father was a clerk in the General Post Office, and she had never traveled outside the country. Those differences were irrelevant in Madison, where they felt equally alone, not knowing anyone on this side of the continent beside their husbands.

In the days before you left back to California, your parents came by again, to bring over pots and pans, small appliances, blankets and sheets, half-used bags of flour and sugar, bottles of shampoo. We continued to refer to these things as your mother’s. “Get me Laura’s frying pan,” my mother would say. Or, “I think we need to turn the setting down on Laura’s toaster.” Your mother also brought over shopping bags filled with clothes that she thought I might be able to use that had once belonged to you. My mother put the bags away and took them with us when we moved, a few years later, from Regent Street to a house in Burr Oaks, incorporating the clothes into my wardrobe as I grew into them. Mainly they were winter items, things you would no longer need in Santa Barbara. There were thick T-shirts and turtlenecks in navy and brown. I found these clothes ugly and tried to avoid them, but my mother refused to replace them. And so I was forced to wear your sweaters, your rubber boots on rainy days.

One winter I had to wear your coat, which I hated so much that it caused me to hate you as a result. It was blue-black with an orange lining and a scratchy grayish-brown trim around the hood. When I asked my parents if I could have a new coat they said no. A coat was a coat, they said. I wanted desperately to get rid of it. I wanted it to be lost. I wished that one of the boys in my class, many of whom owned identical coats, would accidentally pick it up in the narrow alcove where we rushed to put on our things at the end of the day. But my mother had gone so far as to iron a label inside the coat with my name on it, an idea she’d got from her subscription to Good Housekeeping.

Once I left it on the school bus. It was a mild late-winter day, the windows on the bus open, everybody’s outerwear shed on the seats. I was taking a different bus than usual, one that dropped me off in the neighborhood of my piano teacher, Mrs. Hennessey. When the bus neared my stop I stood up, and when I reached the front the driver reminded me to be careful crossing the street. She pulled back the lever that opened the door, letting fragrant air onto the bus. I was about to step off, coatless, but then someone cried out, “Hey, Jess, you forgot this!” I was startled that anyone on that bus knew my name; I had forgotten about the name-tag.

By the following year I had outgrown the coat, and to my great relief it was donated to charity. The other items your parents bequeathed to us, the toaster and the crockery and the Teflon pots and pans, were gradually replaced as well, until there was no longer any physical trace of you in the house. For years our families had no contact. The friendship did not merit the same energy my parents devoted to their relatives, setting aside time for phone calls every month. My parents spoke of you rarely, and I imagine they assumed that our paths were unlikely to cross again. You’d moved to Montecito, a city far from Fullerton, which my parents and I never visited. And so we did not see you, or hear from you, until the first day of 2000, when your father called us very early in the morning to wish us a happy New Year and say that your family was returning to Madison, where he had a new job. He asked if, until he found a house, you could all stay with us.

Until your return I’d thought of you as a boy of eight or nine, frozen in time, the size of the clothes I’d inherited. But you were twice that now, seventeen, and my parents thought it best that you occupy my room, and that I sleep on a folding cot set up in their bedroom. Your parents would stay in the guest room, down the hall. I had never been asked to relinquish my room entirely. I asked my mother why they weren’t giving you the folding cot instead of me.
“Where would we put it?” she asked. “We only have three bedrooms.”

“Downstairs,” I suggested. “In the living room.”

“That wouldn’t be right,” my mother said. “David must practically be a man by now. He needs his privacy.”

“What about the basement?” I said, thinking of the small study my father had built there, lined with metal bookcases.

“That’s no way to treat guests, Jess. Especially not these. Dr. Lee and Laura were such a blessing when we first had you. They drove us home from the hospital, they brought over food for weeks. Now it’s our turn to be helpful.”

“What sort of doctor is he?” I asked. Though I had always been in good health, I had an irrational fear of doctors then, and the thought of one living in the house made me nervous, as if his mere presence might make one of us sick.

Even now, I still get nervous before my regular appointments with Dr. Nelson, but it is no longer based on imagined worries.

“He’s not a medical doctor. It refers to his Ph.D.”

“Dad has his Ph.D. and no one calls him a doctor,” I pointed out.

“When we met, Dr. Lee was the only one. It was our way of being respectful.”

I asked how long you would be staying with us—a week? Two? My mother couldn’t say; it all depended on how long it took your family to get settled and find a place. I studied pictures of your parents; we had a few pasted into an album, taken the night of the farewell party. There was my father dressed in a sweater vest, his shirt cuffs rolled back, pointing urgently at something beyond the frame. Your father was in the suit and tie he always wore, his handsome, bespectacled face leaning toward someone in conversation, his grayish eyes unlike anyone else’s. The middle part in your mother’s hair accentuated the narrow length of her face; the end of her shawl was wrapped around her shoulders elegantly. My mother stood beside her, a head shorter and more disheveled, stray hairs hanging by her ears. They both appeared flushed, the color high in their cheeks, as if from drinking wine, the bond between them clear. There was no evidence of you, the person I was most curious about. Who knows where you had lurked in that crowd? I imagine you sat at the desk in the corner of my parents’ bedroom, reading a book you’d brought with you, waiting for the party to end.

My father went one evening to the airport to greet you. It was a school night for me. The dining table had been set since the afternoon. This was my mother’s way when she received guests, though she had never prepared such an elaborate meal in the middle of the week. An hour before you were expected, she turned on the oven. She had heated up a pan full of oil and begun to fry thick slices of toast to serve with the dips she’d made from scratch, filling the room with a haze of smoke, when my father called to say that though your plane had landed, one of your suitcases had not arrived. I was hungry by then, but it felt selfish to ask my mother to open the oven door and pull out all the dishes for my sake. My mother turned off the oil and I sat with her on the sofa watching a movie on
television, something about the Second World War, in which a group of tired men were walking across a dark field.

I fell asleep at her side, and the next thing I knew I was sprawled on the sofa alone, the television turned off, voices filling another part of the house. I stood up, my face hot, my limbs cramped and heavy. You were all in the dining room, eating. Pans of food lined the table, and in addition to the water pitcher there was a bottle of Johnnie Walker that your parents were drinking, set between their plates. There was your mother, her slippery chestnut colored hair cut to her shoulders, wearing slacks and a blouse, a silk scarf knotted at her neck, looking only vaguely like the woman I’d seen in the pictures. With her bright lipstick and frosted eyelids she looked less exhausted than my mother did. She had remained thin, her collarbones gloriously protruding, unburdened by the weight of middle age that now padded my mother’s features. Your father looked more or less the same, still handsome, still wearing a jacket and tie, a different style of glasses his concession to the new decade. You were tan like your father, long bangs combed over to one side of your face, your eyes distracted yet missing nothing. I had not expected you to be handsome. I had not expected to find you appealing in the least.

“My goodness, Jess, already a lady. You don’t remember us, do you?” your mother said. She spoke to me in a pleasant, unhurried way, with a voice that sounded amused. “Come, poor thing, we’ve kept you waiting. Your mother told us you went hungry because of us.”

I sat down, embarrassed that you had seen me asleep on the sofa. Though you had all just travelled across the country, it was I who felt weary, despite my nap. My mother served me a plate of food, but her attention was on you and the fact that you were refusing seconds.

“We had dinner before we landed,” you replied. Your voice had deepened, no longer a child’s.

“It’s remarkable, the amount of food you get in first class,” your mother said, eyes glowing. “Champagne, chocolates, even caviar. But I saved room. I remembered your cooking, Meg,” she added.

“First class!” my mother exclaimed, with an intake of breath. “How did you end up there?”

“It was my fortieth-birthday gift,” your mother explained. She looked over at your father, smiling. “Once in a lifetime, right?”

“Who knows?” he said, sheepishly proud of his present. “It could become a terrible habit.”

Our parents spoke of the old Madison crowd, mine telling yours about people’s moves and accomplishments, the bachelors who had married, the children who had been born. Your parents spoke of Santa Barbara and the home you had left behind, a Spanish-style stucco by the ocean with a balcony overlooking palm trees and the Pacific. “A shame we never got the chance to entertain you there,” your mother said. My parents agreed. For our vacations we had always chosen more affordable beach trips to South Carolina or Florida instead of the west coast.

After dinner I was told to show you the house and where you would sleep. Normally I loved to do this for guests, taking a proprietary pleasure in explaining that this was the broom closet, that the downstairs half-bath. But now I lingered over nothing, for I felt self-conscious that I might bore you. I was nervous at being sent off with you, disturbed by the immediate schoolgirl attraction I felt. I was
used to admiring boys by then, boys in my class who were and would remain unaware of my existence. But never someone older, never a family friend’s son! It was you who led me, climbing quickly up the stairs, opening doors, poking your head into rooms, casually glancing around.

“This is my room. Your room,” I said, correcting myself.

After dreading it all this time, now I was secretly thrilled that you would be sleeping here. You would absorb my presence, I thought. Without my having to do a thing, you would come to know me and like me. You walked across the room to the window, opened it, and leaned out into the darkness, letting cold air into the room.

“Ever go out on the roof?” you asked. You did not wait for me to answer, and the next thing I knew you’d lifted the screen and were gone. I rushed over to the window, and when I leaned outside I couldn’t see you. I imagined you slipping on the shingles, falling into the shrubbery, my being blamed for the accident, for standing by stupidly as you did such a brazen thing. “Are you O.K.?” I called out. The logical thing would have been to say your name, but I felt inhibited and did not. Eventually you came back around, seating yourself comfortably on the incline over the garage, gazing down at the lawn.

“What’s behind the house?”

“Woods. But you can’t go there.”

“Who said?”

“Everyone. My parents and all the teachers in school.”

“Why not?”

“A boy got lost in them last year. He’s still missing.” His name was Kevin McGrath, and he’d been two grades behind me. For a week we’d heard nothing but helicopters, dogs barking, searching for some sign of him.

You absorbed the information but didn’t visibly react to it. Instead you asked, “What’s that thing to the right?”

“A swing set.”

The word must have amused you. You faced me and smiled, as if I’d invented the term. I averted your gaze, thinking that my eyes would automatically reveal my interest in you.

“I missed the cold,” you said. “This cold.” The remark reminded me that none of this was new to you. “And the snow. When will it snow again?”

“I don’t know. There wasn’t snow for Christmas this year.”

You climbed back into the room, perhaps disappointed, I feared, by my lack of information or shyness. You glanced at yourself in my white-framed mirror, your head nearly cut off at the top. “Where’s the bathroom?” you asked, already halfway out the door.
I felt so exhilarated by our commonplace interactions. I sometimes find myself hopelessly wishing that this kind of youthful innocence could have lasted forever.

That night, lying on the cot in my parents’ room, wide-awake though it was well past midnight, I heard my mother and father talking in the dark. I worried that perhaps you would hear them, too. The bed where you slept was just on the other side of the wall, and if I had been able to stick my hand through it I could have touched you. My parents seemed startled and intimidated by yours, not expecting the ways in which they had changed. California had made them 20 years younger, my mother exclaimed. She felt strangely aged in comparison. They humorously noted your mother’s taste for candies and champagne, and noticed the Johnnie Walker she and your father had continued to drink after the meal was finished, taking it with them from the dining room to the living room. My parents, who were frugal and seldom drank – beer at most, certainly never anything premium - wondered whether they should buy another bottle—at the rate your parents were going, that bottle would be drained by tomorrow, my mother said. She remarked that your mother had become quite trendy, and your father seemed uncharacteristically attentive to her in a way that he had never been in their earlier days. My mother’s birthdays came and went without much acknowledgment by my father. I was the one who made a card and had him sign it with me on the first of every June. I suppose my father took her more for granted back then—neither of them had realized the monotony of their marriage until your parents visited.

One day I came home from school and found your parents in the den, their ankles crossed on top of the coffee table, filling up the sofa where I normally sat to watch my favorite reruns of “Friends” and “Seinfeld.” They were chatting with my mother, who was in the recliner with a bowl in her lap, peeling potatoes. Distressing news of your mother’s missing suitcase had come: it had been located in Los Angeles but had been placed on a flight to Detroit. I was told that you were outside in the yard. I did not go out to look for you. Instead I practiced the piano. Intermittently I would glance out the window, hoping to catch sight of you. It was nearly dark by the time you came in, accepting the tea that I still declined in favor of my cranberry juice. You had gone out in only a pullover, your father’s costly camera slung around your neck. Your face showed the effects of the cold, your eyes blazing, the borders of your ears crimson, your skin glowing from within.

“There’s a stream back there,” you said, “in those woods.” My mother became nervous then, warning you not to go there, as she had so often warned me, as I had warned you the night you came, but your parents did not share her concern. What had you photographed, they brightly asked instead.

After a week your father began his new job, at an engineering firm forty miles away. At first my father got up early and dropped him off before returning to Madison to teach his economics classes. Then your father bought an Audi with a stick shift. You stayed home with our mothers—your parents wanted to wait until they’d bought their home to see which school you would go to. I was stunned, and envious—half a year without school! To my added chagrin, you were never nagged by your mother to do anything around the house, never to return your plate or glass to the sink, never to make my bed, which I would see from time to time through the partly open door to my room in a state of total disarray, the blanket on the floor, your clothes heaped on my white desk. I wondered why your mother rarely criticized you for such habits. Instead, she would more often embrace you for no particular reason, always giving you kisses on the cheek before she turned into bed. I would
find you, when I came home in the afternoons, always at the same end of the sofa, the toes of your thin bare feet hooked around the edge of the coffee table, reading books by Isaac Asimov that you’d picked off my father’s shelves in the basement. Sometimes I would resent the relaxed, pleasant nature of your days while my hours had been confined to school. I did not know what to make of you. You did not seem to be curious about me the way I was about you.

One day a friend at school invited me to see “Castaway” on a Saturday afternoon. My mother said that I could go, but only if you were invited as well. I protested, telling her that my friend did not know you. Despite my crush, I didn’t want to have to explain to my friend who you were and why you were living in our house.

“You know him,” my mother said.

“But he doesn’t even like me,” I complained.

“Of course he likes you,” my mother said, blind to the full implication of what I’d said. “He’s adjusting, Jess. It’s something you’ve never had to go through.”

The conversation ended there. As it turned out, you had already seen the movie and did not end up coming with us.

One day I found you sitting at my piano, randomly striking the keys with your index finger. You stood up when you saw me and retreated to the couch.

“Do you hate it here?” I asked.

“I liked living in Santa Barbara,” you said.

The conversation ended quickly as I momentarily felt overcome by self-consciousness and could not respond with more than a nod. Your steady gaze was disarming.

In the evenings we sometimes went house hunting with your family. We took the station wagon; the beautiful car your father had bought could not comfortably accommodate us all. My father drove, hesitantly, to unknown neighborhoods where the lawns were all a little bigger than ours, the houses spaced a little farther apart. Your parents searched first in Shorewood Hills and Hoyt Park, where the schools were best. Some of the homes we saw were empty, others full of the current occupants and their possessions. None, according to the conversations I overheard at night as I tried to fall asleep, were the sort my parents could afford. They stepped to the side as your parents discussed asking prices with the real-estate agents. But it wasn’t money that stood in the way. The houses themselves were the problem, the light scant, the ceilings low, the rooms awkward, your parents always concluded as we drove back to our house. Unlike my parents, yours had opinions about design, preferring something contemporary, excited when we happened to pass a white boxlike structure obscured by a thicket of tall trees. They sought an in-ground pool, or space to build one; your mother missed swimming at her club in Santa Barbara. “Water views, that’s what we should look for,” your mother said, while reading the classified section of the Capital Times one afternoon, and this limited the search even further.

My parents felt self-conscious after realizing your parents’ extravagant visions, “How uncomfortable
you must be here,” they said, but your parents never complained. “I didn’t expect it to take this long,” my mother said, noting that almost a month had gone by. Again and again I heard how much your parents had changed, how we’d unwittingly opened our home to strangers. My mother said that your father was too indulgent, too solicitous of your mother, always asking if she needed a fresh drink, bringing down a cardigan if she was cold. In retrospect, I believe that at first my mother resented your family’s relatively liberal views on discipline and having fun. Her engrained views from childhood that life should be ascetic and unfrivolous was inadvertently challenged by your parents’ way of doing things.

Of course I didn’t mind your staying with us. In my quiet, complicated way I continued to like you, was happy simply to observe you day after day. And I liked your parents, your mother especially; the attention I got from her almost made up for what I didn’t get from you. One day your father developed the photographs from your vacation in Rome. I enjoyed seeing the prints, holding them carefully by the edges. The pictures were almost all of you and your mother, posing in piazzas or sitting on the edge of fountains. There were two shots of Trajan’s column, nearly identical.

You were in one of the photographs, standing to one side. You were looking down, your face obscured by a visor. You could have been anyone, one of the many passing tourists in the frame, but it bothered me that you were there, your presence threatening to expose the secret attraction I felt and still hoped would be acknowledged somehow. You had successfully wiped away all the other crushes I harbored at school, so that I thought only of being at home, and of where in the course of the afternoon and evening our paths might intersect, whether or not you would bother to glance at me at the dinner table. Long hours were devoted, lying on the cot in my parents’ room, to imagining you kissing me. I was too young, too inexperienced, to contemplate anything beyond that—how far removed I feel from that kind of childish innocence now. I accepted the picture, and pasted it into my report, but not before cutting the part with you away. That bit I kept, hidden among the blank pages of my diary, locked up for years.

Immediately after my diagnosis two years ago, I sifted through the boxes full of mementos I’d collected over the years—I think I was trying to remind myself who I was at a time when I felt completely lost. I remember I came across your picture taken in Rome and paused on it, studying it much longer than the other items, trying to count the years that had passed since I’d last seen you. I wished that we could be adolescents again.

Your wish for snow had not been granted since you’d arrived. There were brief flurries now and again, but nothing stuck to the ground. Then one day snow began to fall, barely visible at first, gathering force as the afternoon passed, an inch or so coating the streets by the time I rode the bus home from school. It was not a dangerous storm, but significant enough to break up the monotony of winter. After dinner we crowded into the living room, watching the news as the snow continued to fall, excited to learn that my school would be closed and my father’s classes cancelled the next day. “You take the day off, too,” your mother said to your father, and to everyone’s surprise he agreed.

“It reminds me of the winter we left Madison,” your father said. He and your mother were sipping their Johnnie Walker, and that night, though my mother still declined in favor of her cider, my father agreed to join them. “That party you had for us,” your father continued, turning to my parents. “Remember?”

“Seven years ago,” my mother said. “It was another life, back then.” They spoke of how young you and I had been, how much younger they had all been.
“Such a lovely evening,” your mother recalled, her voice soft and pensive.

In the morning icicles hung from our windows and a foot of snow blanketed the ground. After breakfast our fathers took turns with the shovel, clearing the driveway. When the wind had settled I was allowed to go outside. Usually, I made snowmen alone, scrawny and lopsided, my parents complaining, when I asked for a carrot, that it was a waste of food. But this time you joined me, touching the snow with your bare hands, studying it, looking happy for the first time since you arrived. You packed a bit of it into a ball and tossed it in my direction. I ducked out of the way, and then threw one at you, hitting you in the leg, aware of the camera hanging around your neck.

“I surrender,” you said, raising your arms. “This is beautiful,” you added with a smile, looking around at our lawn, which the snow had transformed. I felt flattered, though I had nothing to do with the weather. You began walking toward the woods and I hesitated. There was something you wanted to show me there, you said. Covered in snow on that bright blue-skied day, the bare branches of the trees concealing so little, it seemed safe. I did not think of the boy, lost there and never found. I felt brave and invincible with you. From time to time you stopped, focusing your camera on something, never asking me to pose. We walked a long way, until I no longer heard the sounds of snow being shoveled, no longer saw our house. I didn’t realize at first what you were doing, getting on your knees and pushing away the snow. Underneath was a rock of some sort. And then I saw that it was a tombstone. You uncovered a row of them, flat on the ground. I began to help you, unburying the buried, using my mittened hands at first, then my whole arm. They belonged to people named Simonds, a family of six. “They’re all here together,” you said. “Mother, father, four children.”

“I never knew this was here.”

“I doubt anyone does. It was buried under leaves when I first found it. The last one, Tessa, died in 1953.”

I nodded, noticing the similarity of the name to mine, wondering if this had occurred to you.

“It makes me think of all the different lives we could have been born to live. I wonder why this one? Why are we spared from so much of the misery that other people endure? We’re protected from the bad things happening in other parts of the world just by chance.”

I looked at you, surprised by your candid philosophical musings, and so you continued, explaining that there had been threat of a cancer in your mother’s breast last spring. Caught in its early stages, the tumor had been eradicated with relative ease. Afterwards, still in shock with immense gratitude and relief, your parents had reassessed priorities. That was why you had left Santa Barbara. Your father had decided to return to his previous firm, which would allow him more flexibility to spend time with family and friends. This freedom would have been impossible if he had stayed at his Santa Barbara firm. After the cloud of uncertainty and worry about potential relapse had passed, you felt nearly intoxicated with appreciation and gratitude for the trivial details of life. As the dark times passed and hope of full recovery grew stronger every day, your parents fell recklessly in love with each other in a way that far surpassed the affections of their younger days. It was as if they had believed, and were then proven correct, that love was the cure.

Despite the frosty temperatures that made the air we exhaled visible, I felt warmth radiating from you—your happiness was almost tangible. My eyes glazed and provided relief from the dry air; I had
not expected to hear such intimate details about your life and I felt caught off-guard by my reaction. I was flattered that you wanted to share your happiness with me; that somehow I had become your unlikely confidante. I asked why my parents seemed unaware that your mother was ever ill. Your parents had not wanted to remind themselves or others of a time they were grateful to have lived past. They gazed fiercely forward, valuing the present in a way that had been overlooked before.

At first I stood there silently, my face expressionless as I absorbed what you had shared. My response startled me as much it probably did you—I caught you in an embrace, my spontaneous boldness fueled by the epiphany that life was a strange, beautiful phenomenon. Though at first your muscles tensed in surprise at my forwardness, you soon relaxed. It felt strangely comfortable for us to hold each other in this way, for us to be so close for the first time. The moment lasted a few seconds before my adolescent girlishness made me blush with self-consciousness. I abruptly released my embrace and smiled without looking at you.

We stood close together for a few moments longer facing one another, pressing the soles of our boots into the snow. You did nothing, you said nothing more; there was no need to. We shared a peaceful silence. We both recognized the loveliness of the moment, even in our naïve youth. You remained where you were, looking down at the tombstone of Tessa Simonds. The tombstone that had at first made me flinch with uneasiness now made me reconsider my previous notion that my life was rather unremarkable and trivial.

Soon you began to walk back to our yard. I followed you along the path you had discovered, and then we parted, you shoveling the driveway, I going inside for a hot shower. We did not acknowledge that afternoon throughout the rest of your stay. The dynamic remained unchanged between us as far as anyone else could tell. Our parents would never have suspected that we had grown closer in an instant. We seemed to tacitly agree that this sort of casual charade was appropriate and more comfortable for both of us. Back then, we were still too uncertain of ourselves to be bluntly interested in each other, especially while under the peripheral gaze of our parents.

Two weeks later, you moved to your new place. Your parents bought a house in Shorewood Hills, which had been designed by a well-known Chicago architect. It had a perfectly flat roof and whole walls of glass. The upstairs rooms were arranged off an interior balcony, the ceiling in the living room soaring to twenty feet. The backyard was generous and there was a lagoon shaped pool with granite tiles, just as your mother had always dreamt of. We admired the house and the property, the echoing, bare rooms that would soon be filled with the bustling details of your life and thus seem as if they had always contained you. There was a bedroom with a skylight; underneath it, your mother told us, she planned to position her bed. Waking up by sunlight every morning and falling asleep beneath the stars was not just a frivolous, childish desire after all, she said smiling. The unfettered happiness your parents chose for themselves was contagious. My own mother and father seemed to absorb their high spirits and become more buoyant as their friendship grew close once again. We spent many summer twilights at your pool, accompanied by fireflies and a summer symphony of rustling leaves and crickets. It is difficult to recall the specific details of any one of those evenings, but I vividly remember feelings of peace and simple happiness.

Initially after my diagnosis, it seemed a light went out. I felt that I was living in darkness – at one point, I believed that it would last forever. Then, one day, I realized that somehow, imperceptibly over the course of so many months, my feelings of despair had subsided. Once again, majestic summer sunrises struck me with a familiar awe as shades shifted from deep purple to dark reds and
oranges and eventually to a pink, lemony daylight that I felt lucky to greet. Memories of my idyllic youth, of our utopian summers, fill my heart and I know again that life goes on beautifully. ♦
Appendix B: Retellings Coding Manual
**“RETELINGS” CODING SCHEME**

- The instructions asked participants to “Please retell the story in your own words.”
  - Purposely didn’t cue participants to list a specific # of thoughts, or to recall a particular aspect of the story because we want to look at how the story would be cognitively represented by participants—in other words, what did they think were the most important and central components of the story?

**Unit of Analysis: # of cognitive representations listed**

- Cognitive representations refer to correct recollections of events, characterizations, details, or themes in the story.
- Each different theme counts as 1 unit (ex: *A girl with bipolar disorder tells a story of a boy she likes that never paid much attention to her* is 3 units: (1) a girl with bipolar disorder; (2) boy she likes; (3) the boy never paid much attention)
- Modifiers and their predicates count as 1 unit of analysis (ex: *girl with bipolar disorder...girl named Jess remembering her past* counted as 1 instead of 2)
- Time-reference to reminiscing/past/memory counts as 1 unit
- Why the boy’s family moved back=1 unit
- Where the boy’s family moved from=1 unit
- Boy/Family stayed in her home=1 unit
- Old friends reunited=1 unit (so being old friends that were reunited are coded together as 1 theme rather than 2)
- Having crush/attraction=1 unit
- Not telling anyone about crush=1 unit
- In general, the what & the why can be coded as 2 separate units (ex: *Jess’s parents become a lot closer (what) due to the relationship of the other couple (why)* =2 units)
- Thoughts that elaborate on a theme, even if in one sentence, count as distinct units (ex: *Jess realizes that although her life may not be perfect (1) she does appreciate the things she has (2) and is thankful for her doctors and the help they have provided (3) to allow her to live a comfortable life(4))*=4 units
- Time reference attached to an event count as part of the same unit (ex: *Toward the end of the story, David expressed to Jess that his mom was dying of cancer*)=1 unit
- Additional information that would not be necessary to understand a theme counts as a separate unit (ex: *he took her to gravestones in the woods (1) in their backyard of a family (2)*=2 units)

**NOT COUNTED AS A COGNITIVE REPRESENTATION:**

- Incorrect recollections (Ex: *before Jess was diagnosed with cancer*)
- Extrapolated attitudes/opinions (Ex: *they seem to resent that a little bit; makes her view her world different; I feel that Jess had issues overcoming her family’s friends staying with them*)
Appendix C: Measurement Instruments
Emotions aroused
How much did you feel:
("not at all" [1] to "very much" [7])
1. happy
2. cheerful
3. inspired
4. thoughtful
5. hopeful
6. sad
7. upset
8. worried
9. depressed
10. fearful

Stigma perceptions
("Strongly disagree" [1] to "Strongly agree" [11])
1. Drug addiction/bipolar disorder is due to the intentional choices made by the individual.
2. Drug addiction/bipolar disorder is largely the individual’s fault.
3. Drug addiction/bipolar disorder is within the control of the individual.
4. Drug addiction/bipolar disorder could be eliminated if the individual desired.
5. Drug addiction/bipolar disorder is dangerous to society.
6. Drug addiction/bipolar disorder is a potential threat to my family.
7. Drug addiction/bipolar disorder is a potential threat to my friends.
8. Members of my family could be susceptible to drug addiction/bipolar disorder.
9. My friends could be susceptible to drug addiction/bipolar disorder.

Identification
("Strongly disagree" [1] to "Strongly agree" [7])
1. While reading the story, I felt as if I was part of the action.
2. While reading the story, I forgot myself and was fully absorbed.
3. I was able to understand the events in the story in a manner similar to that in which Jess understood them.
4. I think I have a good understanding of Jess.
5. I tend to understand the reasons why Jess does what she does.
6. While reading the story, I could feel the emotions Jess portrayed.
7. While reading the story, I felt I could really get inside Jess’s head.
8. At certain moments in the story I felt I knew exactly what Jess was going through.
9. While reading the story, I wanted Jess to succeed in achieving her goals.
10. When Jess succeeded I felt joy, but when she failed, I was sad.
11. I can easily relate to Jess.
12. If I were in Jess’s situation, I would feel the way that she does too.

Transportation
1. While I was reading the story, I could easily picture the events in the narrative taking place.
2. While I was reading the story, activity going on in the room around me was on my mind.**
3. I could picture myself in the narrative’s events.
4. I was mentally involved in the narrative while reading the story.
5. After finishing the story, I found it easy to put it out of my mind.**
6. I wanted to learn how the story ended.
7. The narrative in the story affected me emotionally.
8. I found myself thinking of ways the story could have turned out differently.
9. I found my mind wandering while reading the story.**
10. The events in the narrative are relevant to my everyday life.
11. The events in the narrative have changed my life.

**Perceived similarity**

1. The main character is similar to me.
2. The main character thinks like I do.
3. The main character is from a background different from mine.**
4. The main character is from a social class similar to mine.
5. The main character treats people like I do.
6. The main character shares my values.

**Recognition of stigma**

1. I feel that drug addicts/bipolar individuals are alienated by society.
2. I feel that drug addicts/bipolar individuals are disadvantaged in their day-to-day living.
3. I feel that drug addicts/bipolar individuals are looked down upon by other people.
4. Jess was a stigmatized individual.

**Liking**

1. I’m not particularly attracted to Jess.**
2. Jess and I may not get along.
3. I think Jess is a pleasant person.
4. I don’t believe Jess is very appealing as a person.**
5. I think Jess could be a friend of mine
6. I would like to have a friendly chat with Jess.
7. If I could, I would spend time getting to know Jess better.
8. I think Jess is a likeable person
9. Jess seems like the kind of person I would enjoy being around.
Social distance from Jess
(semantic differential scale: 1-11)
1. Based on what you know about Jess, how likeable do you find her?
2. To what degree would you enjoy having Jess as a friend?
3. In your opinion, to what degree are you and Jess similar?
4. To what extent would Jess fit into your social circle?

Social distance from the stigmatized social group
(“Strongly disagree” [1] to “Strongly agree” [7])
If given the opportunity, how willing would you be to:
1. Move next door to a bipolar individual/ drug addict
2. Spend an evening socializing with a bipolar individual/ drug addict
3. Make friends with a bipolar individual/ drug addict
4. Start working closely with a bipolar individual/ drug addict
5. Have a bipolar individual/ drug addict person marry into my family

Empathy for Jess
(“Strongly disagree” [1] to “Strongly agree” [7]; semantic differential 1-7)
1. I felt tender, concerned feelings for Jess.
2. I felt I was seeing things from Jess’s point of view.
3. I felt very sorry for Jess.
4. I was really involved with the feelings of Jess.
5. I felt as if I were Jess while reading.
6. I felt the emotions that Jess felt.
7. I understood the thoughts that Jess had.
8. I do not feel like I was on the same page with Jess.
9. While reading, how much did you find yourself imagining how Jess feels?
10. While reading, how much did you find yourself thinking about her reactions?
11. To what extent did you carefully and objectively understand the behavior of Jess?

Empathy for the stigmatized group
(“Strongly disagree” [1] to “Strongly agree” [11])
1. The suffering of drug addict/mentally ill individuals deeply disturbs me.
2. I would get very upset if I saw a drug addict/mentally ill individual being treated meanly.
3. Too much is made of the suffering of drug addict/mentally ill individuals.**
4. It makes me mad to see drug addict/mentally ill individuals treated unjustly.
5. I feel deeply for drug addict/mentally ill individuals.
6. TV or news stories about drug addict/mentally ill individuals greatly upset me.
7. Being around drug addict/mentally ill individuals would bring my mood down.**
8. I would feel annoyed if I had to interact with drug addict/mentally ill individuals.**
9. It would hurt me to see a drug addict/mentally ill individual in pain.
De-stigmatization
(“Strongly disagree” [1] to “Strongly agree” [11])
1. I believe that a person who has been hospitalized for drug addiction/bipolar disorder is just as intelligent as anyone else.
2. I believe that a person who has a drug addiction/bipolar disorder is just as trustworthy as anyone else.
3. I would fully accept a person who has fully recovered from drug addiction/bipolar disorder as a teacher of young children in a public school.
4. I think that on some level, entering a drug addiction center/mental hospital is a sign of personal failure/weakness.**
5. If I had to make the decision, I would not hire someone who had a history of drug addiction/bipolar disorder to take care of my children, even if he or she had been well for a while.**
6. If I discovered a person had been hospitalized for drug addiction/bipolar disorder, I would probably think less of them.
7. I think it’s completely fine that most employers will hire someone who has had drug addiction/bipolar disorder if s/he is qualified for the job.
8. I agree that employers should pass over the application of someone who has had drug addiction/bipolar disorder in favor of another applicant who has no such history.**
9. Most people in my community would treat someone who has had drug addiction/bipolar disorder just as they would treat anyone else.
10. Most of my peers would be reluctant to date someone who has been hospitalized for drug addiction/bipolar disorder.**
11. If I knew that a person was in a hospital for drug addiction/bipolar disorder, I would probably take his opinions less seriously.**

Enjoyment & prior exposure to the story
(“Strongly disagree” [1] to “Strongly agree” [7])
1. The story was entertaining.
2. The story was well-written.
3. I enjoyed reading this story.
4. The story was clear/easy to follow.
5. The story held my attention.
6. I would recommend this story to a friend.
7. Overall, I would rate this story positively.
8. I was caught up in the story.
9. I felt as if I were a part of the story.
10. I would be interested in reading the full book if I had the opportunity.
11. I have read this story before (yes/no)

Interpersonal Reactivity Index
(“Strongly disagree” [1] to “Strongly agree” [7])

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1. I daydream and fantasize, with some regularity, about things that might happen to me.
2. I often have tender, concerned feelings for people less fortunate than me.
3. I sometimes find it difficult to see things from the "other guy's" point of view.**
4. Sometimes I don't feel very sorry for other people when they are having problems.**
5. I really get involved with the feelings of the characters in a novel.
6. In emergency situations, I feel apprehensive and ill-at-ease.
7. I am usually objective when I watch a movie or play, and I don't often get completely caught up in it.**
8. I try to look at everybody's side of a disagreement before I make a decision.
9. When I see someone being taken advantage of, I feel kind of protective towards them.
10. I sometimes feel helpless when I am in the middle of a very emotional situation.
11. I sometimes try to understand my friends better by imagining how things look from their perspective.
12. Becoming extremely involved in a good book or movie is somewhat rare for me.**
13. When I see someone get hurt, I tend to remain stoic.**
14. Other people's misfortunes do not usually disturb me a great deal.**
15. If I'm sure I'm right about something, I don't waste much time listening to other people's arguments.**
16. After seeing a play or movie, I have felt as though I were one of the characters.
17. Being in a tense emotional situation scares me.**
18. When I see someone being treated unfairly, I sometimes don't feel very much pity for them.**
19. I am usually pretty effective in dealing with emergencies.
20. I am often quite touched by things that I see happen.
21. I believe that there are two sides to every question and try to look at them both.
22. I would describe myself as a pretty soft-hearted person.
23. When I watch a good movie, I can very easily put myself in the place of a leading character.
24. I tend to lose control during emergencies.
25. When I'm upset at someone, I usually try to "put myself in his shoes" for a while.
26. When I am reading an interesting story or novel, I imagine how I would feel if the events in the story were happening to me.
27. When I see someone who badly needs help in an emergency, I go to pieces.
28. Before criticizing somebody, I try to imagine how I would feel if I were in their place.

**Intergroup contact**
(semantic differential: 1-7)
1. How many drug addict/bipolar individuals do you know?
2. How close do you feel to the drug addict/bipolar person that you know the best?
3. How positive has your contact been with drug addict/bipolar individuals in general?

Lastly, please retell the short story in your own words.

Note: **=reverse scored item.