Senior Theses   Honors College

Spring 2023

Toxic Positivity and Perceptions of Mental Health

Madeline E. Feltner
University of South Carolina - Columbia

Director of Thesis: Seihill Kim
Second Reader: Beth Myers

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Table of Contents

Thesis Summary

My thesis concerns how toxic positivity, especially the type we commonly see on social media, can affect perceptions and stigma around mental health issues on college campuses. Toxic positivity is the belief that a person should always maintain a positive mindset, no matter what situation they are in, and invalidates negative emotions. Previous research shows that toxic positivity can have a negative effect on mental health, but in this thesis, I study how toxic positivity affects perceptions about others with mental health issues, willingness to interact with those with mental health issues, and self-perception. It is important to research this because the stigma around mental health can lead to reluctance in seeking help, which can have many detrimental effects. I conduct an experiment among 121 University of South Carolina students in which I show them videos displaying toxic positivity to see if it would affect their perceptions of others with mental health issues, willingness to interact with those with mental health issues, or self-perception. There are not significant differences between the groups, but I discuss the likely reasoning behind this. I then propose multiple policy changes that could be implemented on university campuses to help combat toxic positivity and promote a more empathetic and supportive culture surrounding mental health issues.

Introduction

Toxic positivity is "an overgeneralization of optimism and happiness across all situations that deny the impending issues and inhibit unpleasant emotions" (Wibowo, 2020, p. 1). According to Dictionary.com, at least one use of the term was recorded before 2010, but its use became more prevalent in the early 2020s during the COVID-19 pandemic. Psychologists then

began to use the term to describe "the negative mental health effects of being pressured or expected to maintain a positive attitude despite negative circumstances and emotions" (Mazurek, 2022).

Toxic positivity has grown to be especially evident on social media due to the rise of social media influencing and what Carrera Kurnik, culture director at a trend forecasting agency called Fashion Snoops, calls "flex culture" (Radin, 2021). "Social media influencers that have created a business of selling products online have an incentive to promote positivity. Brands don't want to work with negative or pessimistic ambassadors or have them represent their product. Social media markets thrive on positivity and thus we see toxically optimistic outlooks frequently adopted," Kurnik said in Radin's article. Examples of toxic positivity on social media include commonly used phrases such as "good vibes only" and "happiness is a choice" and even seemingly inspiring and motivational videos from popular YouTubers, such as Zoella, a British beauty and lifestyle vlogger. In one video, she says, "Just think the same thing as me [...] if you just decide to say yes to the opportunities you are given then you will get more out of life." While this mindset may seem like a good way to go about life, it can also be unrealistic and harmful. Content like this floods social media daily, and these messages remind us constantly remaining positive is always the way to go. Some sources, however, beg to differ.

In 1997, James J. Gross and Robert W. Levenson conducted an experiment through the University of California, Berkeley's psychology department on the effects of emotional inhibition on physiology and psychological functioning. Gross and Levenson cite Freud's beliefs that emotional inhibition, which can be defined as "[holding] back emotions in situations where it would be healthier to express them" (Kloppers, 2014), is a major cause of psychological distress, which helped to form his psychodynamic psychotherapy method. Others, however,

argue against this theory in saying that emotional inhibition is an "essential developmental milestone" (Gross and Levenson, 1997, p. 96) and that "healthy adults often must inhibit… their ongoing emotion expressive behavior" (Gross and Levenson, 1997, p. 96). After exposing participants in their research to films designed to elicit various emotional responses and instructing them to show as little emotion as possible, the researchers found that inhibiting emotions does not provide any relief from negative emotions. Since toxic positivity inherently encourages people to be positive all the time, its forced inhibition of these inevitable negative emotions does not help people to cope with them at all, but can be harmful instead.

Another experiment by Joanne Wood, W.Q. Elaine Perunovic, and John W. Lee finds that speaking positively of oneself when it is not truly sincere does not help one's emotional state and can actually make them feel worse. Before the experiment, the researchers measured participants' self-esteem. They then instructed them to write down all their thoughts and feelings for four minutes and repeat the phrase "I am a lovable person" every fifteen seconds as they completed this task. The findings of this study concluded that for participants with lower self-esteem, repeating the positive statements had a negative effect on their mood (Wood et al., 2009). This research mimics how the effects of toxic positivity can force someone to replace their negative thoughts with positive ones, which ultimately only leads to a negative internalized self-perception, as demonstrated by the participants' reports.

Based on these experiments, it seems that forced positive mindset, also known as toxic positivity, does not benefit a person, and this mindset can also harm their mental wellbeing, but can it also affect how they perceive themselves and how they are perceived by others? There is a gap in existing research concerning the effects toxic positivity can have on perception of those with mental health disorders by those exposed to toxic positivity. In my research, I intend to

show how this mindset, though it preaches positivity, can create harmful misunderstandings about those who suffer from mental health disorders, therefore creating a negative perception and stigma surrounding mental health disorders. I hypothesize that toxic positivity can cause this stigma because its rhetoric that happiness is a choice can lead to stereotypes that people with mental health disorders are mentally weak, therefore leading to negative perceptions of these people.

This research is especially significant on a college campus. Rates of mental health disorders on college campuses have risen dramatically since the start of the COVID-19 pandemic. Up to 44% of college students experience symptoms of depression and anxiety, and one in every three college students reports that they experience these symptoms to a significant degree (Druckenmiller, 2022). Of these students, 75% of them say that they are reluctant to seek help, which increases the risk of "dropping out of college, poor academic performance, suicide, and substance abuse" (Druckenmiller, 2022). With toxic positivity flooding social media platforms, which 84% of people aged 18 to 29 use, according to Pew Research Center, the risk of stigmatization can easily lead to these outcomes.

Through my research, I intend to establish toxic positivity as one of the potential causes of the stigma around mental health disorders, especially on college campuses. After establishing this link, I intend to create a plan to combat this mindset and the negative perception of those suffering from mental health disorders that accompanies it, including what students can do to help, policy approaches a university can take, and potential educational programs to protect students from the negative effects of toxic positivity.

Literature Review

As stated in the introduction, the definition of toxic positivity is "an overgeneralization of optimism and happiness across all situations that deny the impending issues and inhibit unpleasant emotions" (Wibowo, 2020, p. 1). According to business psychologist Joshua Caraballo, Psy.D, "toxic positivity comes when you're actively suppressing, minimizing or invalidating negative emotions" (Korpar, 2022). According to Van Edwards (2022), 74.7% of people say they have never heard the term toxic positivity before, but after it was explained to them, most knew the feeling all too well. 67.8% even said they had experienced it in the past week (Van Edwards).

Toxic positivity is especially rampant on social media, as most users tend to only share a so-called "highlight reel" of their lives. Anything outside of this happy default tends to be viewed as wrong, so "users are urged to let go of their past, of anger, frustration and bitterness, feelings that are considered toxic and unnatural" (Bosveld, 2021, p. 2).

A 2018 study among adolescents showed that many agreed that social media can be dangerous to mental health, especially in young people. Three major themes were identified in the responses of the participants. The first major theme adolescents presented in the study was that "social media can cause stress, depression, low self-esteem, and suicidal ideation" (O'Reilly et al., 2018, p. 605). One participant said, "nowadays you're taught to have low self-esteem you know like with photo-shopped images and things like that" (O'Reilly et al., 2018, p. 605). Another said, "I think it [social media] sets a lot of expectations and standards for young people who like at that age, like you're really impressionable" (O'Reilly et al., 2018, p. 605). These young people are concerned by the "highlight reels" they constantly see on social media because

they present others' lives as perfect and as though negativity has no place in their lives. The second major theme is that "social media opens people to bullying and trolling" (O'Reilly et al., 2018, p. 606) and the third major theme is that "social media is addictive" (O'Reilly et al., 2018, p. 608). While these themes are also important, the first theme presents an important point concerning toxic positivity.

Most college students have grown up with access to social media from the time they got their first cell phone, a phenomenon called being a "digital native" (McCrae et al., 2017, p. 316). Since the beginning of social media, the goal has been to present your life as ideally as you can, where everything seems like it is all rainbows and butterflies. However, when you see how much more "perfect" someone's life is than yours, it can make you feel as though you are doing something wrong. Research by Brian A. Feinstein, Rachel Hershenberg, Vickie Bhatia, Jessica A. Latack, Nathalie Meuwly, and Joanne Davila shows that negatively comparing oneself to others on social media can lead to rumination, which is associated with depressive symptoms. The college students who participated in the study and reported that they often negatively compared themselves to others on Facebook were more likely to think about how sad they felt or why they were feeling depressed (Feinstein et al., 2013). This finding suggests that "social networking sites can provide novel opportunities for individuals to compare themselves with others, and these comparisons can have negative influences on well-being" (Feinstein et al., 2013, p. 167). In addition to the perfect life they present, many social media influencers emphasize how a constantly positive mindset has been the solution to all of their negative problems. Examples of this date back to the early days of social media in the early 2010s and continue today.

One early example of toxic positivity comes from beauty vlogger Zoella in her 2012 video entitled, "Dealing with Panic Attacks & Anxiety." In her video, Zoella details her experiences suffering from anxiety disorder, such as panicking in crowded social situations, while driving, et cetera, and limiting herself from doing such activities. She describes how she sought help for years to try to find a solution and alleviate her anxiety and panic attacks. The solution that she finally presented was to simply not let your anxiety control you. She emphasizes the rarity that a panic attack could ever kill you, and for that reason, you should not let yourself miss out on opportunities because of your anxiety. "Just think the same thing as me... if you just decide to say yes to the opportunities you are given then you will get more out of life," she says. While she likely has good intentions with this video and she wants to spread positivity and help others battle though their anxiety, this is not a feasible solution for everyone. While it may be true that dying from a panic attack is extremely rare, many people suffering from mental health disorders cannot grasp this, and it may feel like it is the end of the world for them. By using this rhetoric, she unintentionally minimizes the daily struggles that those suffering from anxiety and other mental health disorders face that often take several years to face and cope with. Toxic positive statements such as this discourage people suffering from these mental health disorders from speaking up about them and seeking professional treatment, which can contribute to forming a stigma around the issue of mental health altogether.

Another example comes from Instagram influencer Sarita Walsh, a self-proclaimed "being coach" with over 61 thousand followers. Her post from December 28, 2020, reads:

Today I will let go of comparison, entitlement, expectations—internal and external,

external validation, guilt and shame, judgement, limiting beliefs, "mistakes" I've made,

my ego, my failures and/or fear of failure, my need to be liked, my need to be right, my

need to control, negative vocabulary, overthinking, old heartbreaks, perfectionism,

resentment, anger, and/or grudges, self-doubt and insecurities, the past, [and] toxic and

fake people. (Walsh, 2020)

As nice as this sounds, is it really that easy? While letting go of things like guilt, failure, and perfectionism that weigh you down would be ideal, it is not quite possible. Many people deal with thoughts like these daily and dismissing them can come off as rather invalidating. In fact, research shows that suppressing emotions such as these can make them worse.

Research by Megan Spokas, Jane A. Luterek, and Richard G. Heimberg suggests that emotional suppression, a behavior that is encouraged by toxic positivity, can contribute to social anxiety, which can be defined as "the excessive fear of being embarrassed and/or rejected by others" (Spokas et al., 2008, p. 283). Their research found that socially anxious individuals were more likely to exhibit emotional suppression than those without social anxiety. This pattern of emotional suppression has many negative effects in these individuals, including "dampening or diminishing the experience of positive emotion," "increased sympathetic activation of the cardiovascular system," and "poorer social support, reduced relationship closeness and sharing, and reduced feelings of rapport" (Spokas et al., 2008, p. 289).

During major transitions, especially the transition to college, toxic positivity and emotional suppression can be especially detrimental. When acclimating to a new place with new people, college students may be hesitant to open up about their emotions to others, especially if they are being discouraged to do so by toxic positivity. However, suppressing emotions during

this transition can have many harmful effects on students' transition to college. According to research conducted by Sanjay Srivastava, Maya Tamir, Kelly M. McGonigal, Oliver P. John, and James J. Gross, new college students who reported higher levels of emotional suppression received less emotional support from their parents, were not as close to their new college friends, and were less socially satisfied upon reporting both at the beginning and at the end of the fall semester (Srivastava at al., 2009). Students who suppress their emotions have fewer opportunities for sympathy or shared emotional experience, which both play a key role in maintaining existing relationships and forming new relationships (Srivastava et al., 2009). Those who suppress their emotions are usually only partially successful however, according to this research. When their peers learn that they are suppressing their emotions, "they may perceive a suppressor as being uninterested in intimacy or even inauthentic in a social interaction" (Srivastava et al., 2009, p. 895). This perception can ultimately lead to a stigma surrounding the individuals suppressing their emotions, leading to social isolation in their new environment.

The research presented above may suggest that toxic positivity can have many harmful effects on mental and even physical health. However, it is worth exploring how toxic positivity can create misunderstandings about those with mental health disorders, ultimately leading to negative perceptions and stigmas surrounding these individuals. I hypothesize that phrases that exude toxic positivity and minimize negative emotional experiences, such as "it could be worse" or "don't worry about it," may lead others to perceive those who do have and express negative emotions as weak. I intend to establish the link between toxic positivity and this stigma in my research, as little to no research on this topic currently exists to the best of my knowledge.

Before looking into how toxic positivity can cause this stigma, it is important to establish a working definition of mental health. The World Health Organization defines mental health as

"a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community." A mental health disorder is defined as "a clinically significant disturbance in an individual's cognition, emotional regulation, or [behavior]" (World Health Organization, 2022). The mental health disorder this research will touch on the most is depression. Depression is defined as "a mood disorder that causes a persistent feeling of sadness and loss of interest" (Sawchuk, 2022). Depression and its stigmatization will be the focus of this research, as depression is the mental disorder targeted most directly by the rhetoric of toxic positivity. Based on its symptoms, especially depressed mood, fatigue or loss of energy, and feelings of worthlessness or excessive guilt, it would be nearly impossible for someone diagnosed with depression to "just be happy" as toxic positivity suggests.

To link the stigmatization of mental health disorders such as depression to toxic positivity, it is important to examine prior research about the stigma surrounding depression and its theorized cause. Stigma is defined as "the co-occurrence of… labeling, stereotyping, status loss, and discrimination" (Link and Phelan, 2001, p. 363). The first component of stigma is labeling. Labeling is when people are categorized into different groups based on their differences (e.g., having depression or not having depression). The next component of stigma is stereotyping. Stereotyping occurs when these labeled differences become routinely associated with a negative attribute or a set of negative attributes (e.g., people with depression are lazy, weak, and/or aren't trying hard enough to be positive and optimistic). The last components of stigma are status loss and discrimination. Status loss is the "general downward placement of a person in a status hierarchy" (Link and Phelan, 2001, p. 371). This status loss could even be an ousting from a friend group when applied to a college setting. Discrimination happens when individuals lose various opportunities due to the

labels they are assigned (e.g., being rejected from a job). When these four components are present, the labeled person can feel judged, isolated, and alienated.

Research shows that a stigma around depression is especially present in adult men. A major contributor to this gender difference is the "boys don't cry" mentality. This mentality is extremely similar to the toxic positivity mindset in that it tells men and boys that they are inferior or weak if they express their negative emotions or seek help for them (Latalova et al., 2014). Many people suffering from depression, especially men, tend to reason that "only weak people get depressed. If I am depressed, I am weak" (Latalova et al., 2014, p. 1400). In research conducted by Klara Latalova, Dana Kamaradova, and Jan Prasko, 28.9% of participants agreed that depression is a "sign of personal weakness" and 27.5% would be "scared that others would find out about their illness." Men were significantly less open to sharing their diagnosis than women.

This research also proposes that there are two different kinds of stigma: public (or perceived) stigma and self-stigma. Public stigma is "the perception held by others that the mentally ill individual is socially undesirable. The perceptions of mental illness by others lead to stigmatizing attitudes, prejudices, and actions by patients' families and members of their community, sometimes including health care professionals" (Latalova et al., 2014). Public stigma is also often referred to as perceived stigma. Self-stigma often happens as a result of public stigma. It occurs when stigmatized individuals "internalize perceived prejudices and develop negative feeling about themselves" (Latalova et al., 2014, p. 1399). Self-stigma comes from, yet also seems to cause, low self-esteem and high levels of depression. There are two subsets of individuals who experience self-stigma: those who feel shame regarding experiencing a mental health disorder and those who feel shame regarding seeking professional help for their mental health disorder. Both groups tend to be limited

in "social interactions" and "occupational functioning" (Latalova et al., 2014, pp. 1399-1400). The researchers also said that self-stigmatizing individuals tend to suppress their emotions more as well.

Individuals with higher levels of self-stigmatization preferred avoidant strategies in coping with stress, such as giving up prematurely or finding courage via habit forming drugs. At the same time, they were less able to plan responses to unpleasant situations and to use such experiences as opportunities for personal growth. (Latalova et al., 2014, p. 1402)

The effects caused by public stigma and self-stigma can lead to a reluctance to seeking essential treatment, which is more common for men. Research suggests that more accessible public information about depression could help to combat this stigma and encourage more people to get the help that they need (Latalova et al., 2014).

Toxic positivity may lead to self-stigma because one of its main points is that happiness is a choice. Since this implies that depression is also a choice, this can lead people to have the mindset only weak people are depressed, so therefore they are weak.

In addition to gender roles serving as a potential cause of the stigma around depression, a lack of education and "lower depression literacy," or one's personal knowledge about depression, can also contribute (Griffiths et al., 2008, p. 1). Since my research focuses on college students, this shows that colleges can play a large role in fighting the stigma surrounding depression by educating their students on this mental health disorder, its causes, and when and how to seek professional help.

Beyond gender roles, lack of education, and low depression literacy, I intend to demonstrate in my research that toxic positivity on social media is one of the contributors to the stigma surrounding depression and other mental health disorders. The research questions I intend to answer are:

- Whether or not exposure to toxic positivity on social media contributes to perception of other people with depression and other mental health disorders

- Whether or not exposure to toxic positivity on social media contributes to perception of oneself and one's own mental strength

As far as how exposure to toxic positivity on social media contributes to perception of other people with depression and other mental health disorders, I hypothesize that it increases people's negative perceptions and stereotypes about those who suffer from depression and other mental health disorders. I believe that this is because through social media, positivity and happiness become a default emotion, as stated by Van Edwards, and anything outside this default becomes "abnormal." Therefore, anything that falls outside the realm of positivity becomes frowned upon and stigmatized by the public. I believe that the solution to this issue would be normalizing mental health disorders and resources for people to get professional help, rather than to tell them to think positively, which often just is not possible.

As a result of perceived public stigma, exposure to toxic positivity on social media also contributes to perception of oneself and one's own mental strength and makes people think more poorly of themselves if they are suffering from a mental health disorder. As Latalova, Kamaradova, and Prasko's research stated, self-stigmatizing people often partake in avoidant coping strategies such as emotional suppression, which are commonly associated with toxic positivity. It is likely that a great deal of these self-stigmatizing people are also reluctant to seek treatment.

Universities play a crucial role in ending these stigmas caused by toxic positivity. Research states that those with less knowledge of depression are more likely to hold a stigma against those with depression. Universities have the power to educate these people through various classes, policies, and programs, and they have a duty to do so.

Through my research, I intend to find these university-level solutions that can help to end the stigma surrounding depression and other mental health disorders on college campuses. This would allow so many more students to seek help and unlock their fullest potential.

Methods

In order to further investigate toxic positivity's effects on perception of mental health, I conducted an experiment among undergraduate students at the University of South Carolina. I used convenience sampling to complete this experiment. I conducted this experiment in three different classes—two communications classes and one psychology class.

I split the sample up into two groups—an experimental group that consisted of one of the communications classes and the psychology class and a control group that contained the other communications class.

This experiment was conducted in-person during class time for both groups. Participation was optional, but the professor who taught the class used for the control group offered extra credit in exchange for participation. Both groups watched two brief videos each, followed by a 29-question survey questionnaire. The experimental group watched videos that demonstrated toxic positivity, while the control group watched videos that had nothing to do with toxic positivity.

The experimental group, which consisted of 58 participants, completed the experiment on February 23rd, 2023, and March 13th, 2023, depending on which class section they were in. This group was made up of 81.03% women and 18.97% men. This group was 82.07% white, 7.02% Asian, 7.02% black/African American, 1.75% Hispanic/Latino, and 1.75% mixed race. It was made up of 44.83% juniors, 31.03% sophomores, 18.97% seniors, and 5.17% freshmen. The average age of this group was 21.09, though ages ranged from 18 to 33, with most falling between 19 and 22.

The two videos shown to the experimental group were entitled *Take Control of Your Life!* and *The video EVERY woman should watch!*, both of which were posted to YouTube by an author and influencer named Rachel Hollis. Hollis has been widely criticized in the past for her contribution to toxic positivity. Her book *Girl, Wash Your Face* was extremely successful upon its 2018 release, selling over 1.6 million copies (Krug, 2018). However, she was labeled tone-deaf beginning in 2020 for the toxically positive messages she pushed, such as that you alone are responsible for your own happiness and that being positive is a choice (Arnold, 2021). The videos shown in the experiment were prime examples of Hollis's toxic positivity.

In her video *Take Control of Your Life!*, Hollis repeatedly pushes the idea that you can choose the outcome of your own life. So long as you "believe that you're worth it," Hollis says, you are "capable of whatever you set your mind to." She says setting yourself up for success is as simple as waking up an hour earlier and setting that extra time aside to work towards your goals. Outwardly, this video fronts as an uplifting, motivational reminder to be the best version of yourself, but it simplifies it to the point that it becomes unhealthy. The messages that Hollis promotes in this video are unrealistic and harmful, as happiness and productivity are not always a choice.

The second video, entitled *The video EVERY woman should watch!*, begins with Hollis stating that you always have time to accomplish what you want most. She says that when it gets too hard, you just have to accept that that is part of life and keep working, a hallmark message of toxic positivity. Again, this video masks itself as a motivational video teaching you to accomplish what is most important to you, but deep down, it invalidates any struggles that viewers may face using toxically positive messaging.

The control group, which consisted of 63 participants, completed the experiment on March 20th, 2023. The control group was made up of 80.33% women and 19.67% men. This group was

83.61% white, 4.92% Asian, 4.92% black/African American, 1.64% American Indian/Alaskan Native, 1.64% Hispanic/Latino, 1.64% Native Hawaiian/Other Pacific Islander, and 1.64% mixed race. It was made up of 54.10% freshmen, 31.15% sophomores, 11.48% juniors, and 3.28% seniors. The average age of this group was 19.28, though ages ranged from 18 to 22, with most falling between 19 and 20.

The two videos shown to the control group had nothing to do with toxic positivity. The goal of showing these videos was to get a look inside the mind of a student who was not exposed to the harmful effects of toxic positivity. The videos were entitled *Life Vest Inside – Kindness Boomerang – "One Day"* and *Tear-Jerker Commercials Create Internet Challenge*. Both were feel-good videos that showed the effects kindness can have on everyday life.

The first video, entitled *Life Vest Inside – Kindness Boomerang – "One Day"*, shows how a simple random act of kindness can be passed on throughout many people. Eventually, the chain of random acts of kindness ends up making it back to the original person who acted kindly, showing how kindness is so important and being kind can benefit your own life in addition to the people who you are helping.

The second video, entitled *Tear-Jerker Commercials Create Internet Challenge*, shows a viral commercial for True Move H, a Thai phone company, called *Giving*. The commercial shows how random acts of kindness can pay off down the road. In the commercial, a store owner gives a young poor boy soup and pays for his medicine. Thirty years later, the store owner has a medical incident that lands him in the hospital. He comes to find out that the young boy he helped thirty years earlier was the doctor that performed his surgery. The store owner's daughter finds a bill for no money that states all expenses for the surgery were paid thirty years earlier with some medicine

and a bag of soup. The message is what goes around comes around and you will always be rewarded for your kindness.

After watching the videos, both groups completed the same questionnaire. The questionnaire examined their attitudes in three categories: perceptions of others with mental health issues, willingness to interact with those with mental health issues, and self-perception. The questions used in the survey were pulled from several scales and questionnaires, including the Mental Health Literacy Scale, STIG-9, CAMI Scale, Rosenberg Self-Esteem Scale, Five Facet Mindfulness Questionnaire, ISMI, and Beck Hopelessness Scale. The wording of some of these questions was changed slightly to keep participants from knowing the focus of the research.

The questions were broken up into three sections to represent the three categories. The first section explored participants' perceptions of others with mental health issues. Participants were instructed to rate their agreement on nine different statements on a five-point Likert scale ranging from "strongly disagree" to "strongly agree." The statements in this section are as follows:

- Pessimistic thinking is a sign of personal weakness.

- It is best to avoid people who think pessimistically so you don't develop this problem.

- Seeing a mental health professional means you are not strong enough to manage your own difficulties.

- I think that most people take the opinion of someone who thinks pessimistically less seriously.

- I think that most people think badly of someone who thinks pessimistically.

- I think most people would not enter into a relationship with someone who thinks pessimistically.

- Pessimistic thinkers do not deserve our sympathy.

- There are sufficient existing resources for those with depression.

- Increased spending on mental health services is a waste of our tax money.

The second section sought to discover participants' willingness to interact with those with mental health issues. Participants were instructed to rate their willingness to be involved in four different social situations on a five-point Likert scale ranging from "very unwilling" to "very willing." The questions in this section are as follows:

- How willing would you be to spend time socializing with someone who thinks pessimistically?

- How willing would you be to make friends with someone who thinks pessimistically?

- How willing would you be to have someone who thinks pessimistically start working closely with you on a job?

- How willing would you be to employ someone if you knew they thought pessimistically?

The third section gauged participants' perceptions of themselves. Participants were instructed to rate their agreement on ten different statements on a five-point Likert scale ranging from "strongly disagree" to "strongly agree." The statements in this section are as follows:

- I am often unsatisfied with myself.

- I often do not feel that I have a good number of qualities.

- I sometimes criticize myself for having irrational or inappropriate emotions.

- I sometimes tell myself I shouldn't be feeling the way I'm feeling.

- I often tell myself I shouldn't be thinking the way I'm thinking.

- I often think some of my emotions are bad or inappropriate, so I shouldn't feel them.

- I sometimes stay away from social situations in order to protect my family or friends from embarrassment.

- I sometimes avoid getting close to people to avoid rejection.

- I might as well give up because there is nothing I can do about making things better for myself.

- All I can see ahead of me is unpleasantness rather than pleasantness.

Findings

As stated in the Methods section, the experiment examined three variables: perceptions of others with mental health issues, willingness to interact with those with mental health issues, and self-perception. I hypothesized that participants in the experimental group would have more negative perceptions of others with mental health issues, be less willing to interact with those with mental health issues, and have more negative self-perception that participants in the control group.

When analyzing the results of the experiment, I first examined each question using a reliability analysis to make sure no statements were throwing off the reliability of my results. For the first set of statements, which dealt with perception of others with mental health issues, Cronbach's Alpha was 0.572, which was not as high as I would have liked it to be. The two statements I found to be lowering Cronbach's Alpha were questions 2h and 2i, which read "There are sufficient existing resources for those with depression" and "Increase spending on mental health services is a waste of our tax money," respectively. Because these two questions were unreliable, they were excluded from data analysis beyond this point.

Before removing questions

Reliability Statistics

Cronbach's Alpha	N of Items
.572	9

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Pothers_Q2a	20.0331	12.266	.343	.519
Q2b	19.8347	11.839	.408	.498
Q2c	21.6364	14.200	.340	.543
Q2d	19.9256	12.886	.273	.541
Q2e	19.4959	12.385	.322	.526
Q2f	19.4959	12.435	.329	.524
Q2g	21.3223	13.854	.234	.552
Q2h	19.4876	12.919	.133	.599
Q2i	21.3802	14.288	.122	.578

After removing questions

Reliability Statistics

Cronbach's Alpha	N of Items
.615	7

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Pothers_Q2a	15.2479	8.871	.314	.584
Q2b	15.0496	8.131	.455	.530
Q2c	16.8512	10.794	.223	.609
Q2d	15.1405	8.955	.330	.578
Q2e	14.7107	8.441	.394	.554
Q2f	14.7107	8.724	.357	.568
Q2g	16.5372	10.151	.226	.607

After completing reliability analyses on the second and third sets of questions, I discovered that all these questions were reliable enough to leave in my data analysis.

Items 3a-3d Reliability Analysis

Reliability Statistics

Cronbach's Alpha	N of Items
.827	4

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Iothers_Q3a	8.0579	5.688	.746	.738
Q3b	8.1322	5.716	.717	.751
Q3c	8.5620	6.465	.527	.838
Q3d	8.7686	6.313	.632	.791

Items 4a-4j Reliability Analysis

Reliability Statistics

Cronbach's Alpha	N of Items
.845	10

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Pself_Q4a	23.5593	41.941	.665	.818
Q4b	23.8390	43.504	.581	.826
Q4c	23.0763	43.644	.553	.829
Q4d	22.8898	43.518	.619	.824
Q4e	23.0508	42.886	.650	.820
Q4f	23.7288	43.208	.599	.825

Q4g	24.0593	45.680	.346	.850
Q4h	23.5000	43.603	.430	.844
Q4i	24.8983	46.519	.534	.833
Q4j	24.7542	44.648	.535	.831

After completing each reliability analysis, I calculated the mean total score for each variable to see if there was a difference between the experimental group and the control group.

For the first variable, I hypothesized that the experimental group would have a higher mean total score for perceptions of others with mental health issues than the control group. However, upon analyzing results of the experiment, the experimental and control groups had nearly the same mean total score. The experimental group had a mean total score of 17.8621, while the control group had a mean total score of 18.2063.

For the second variable, I hypothesized that the experimental group would have a lower mean total score for willingness to interact with those with mental health issues than the control group. However, once again, the groups had nearly identical mean total scores. The experimental group had a mean total score of 11.0345, while the control group had a mean total score of 11.3016.

For the third variable, I hypothesized that the experimental group would have a higher mean total score for self-perception than the control group. Yet again, however, the groups' mean total scores were almost the same. The experimental group had a mean total score of 26.3793, while the control group had a mean total score of 26.3667.

Upon conducting a t-test, which shows whether the differences between these scores are statistically significant, I found that the two-sided p value for perceptions of others with mental health issues was 0.582, the two-sided p value for willingness to interact with those with mental health issues was 0.647, and the two-sided p value for self-perception was 0.993. For a difference to be considered statistically significant, the two-sided p value must be below 0.05. Therefore, there were no statistically significant differences between the experimental group and the control group for any of the variables, and these results do not support any of the proposed hypotheses.

Mean total scores for each variable

Group Statistics

	Group	N	Mean	Std. Deviation	Std. Error Mean
Unfavorable_Perceptions_Others	Control	63	18.2063	3.19858	.40298
	Experimental	58	17.8621	3.66801	.48163
Interactions_Others	Control	63	11.3016	2.92175	.36811
	Experimental	58	11.0345	3.47404	.45616
Unfavorable_Perceptions_Self	Control	60	26.3667	7.69320	.99319
	Experimental	58	26.3793	6.93789	.91099

T-test for each variable

Independent Samples Test

		t-test for Equality of Means			
				Significance	
		t	df	One-Sided p	Two-Sided p
Unfavorable_Perceptions_Others	Equal variances assumed	.551	119	.291	.582
	Equal variances not assumed	.548	113.571	.292	.585
Interactions_Others	Equal variances assumed	.459	119	.324	.647
	Equal variances not assumed	.456	111.815	.325	.650
Unfavorable_Perceptions_Self	Equal variances assumed	-.009	116	.496	.993
	Equal variances not assumed	-.009	115.451	.496	.993

Discussion

Initially, I hypothesized that the effects of toxic positivity would negatively affect perceptions of others with mental health issues, willingness to interact with those with mental health issues, and self-perception. However, upon completing a survey of 121 undergraduate students at the University of South Carolina, data did not support these hypotheses.

There are two potential reasons why this data did not support the hypotheses. The first reason is simple: toxic positivity does not have any effect on perception of others with mental health issues, willingness to interact with those with mental health issues, or self-perception. However, another potential reason lies in the design of the experiment.

Firstly, there is the possibility that toxic positivity does not have an impact on perception of self or others whatsoever. This would explain why there was no statistical difference between the responses of the experimental and control groups. Perhaps the participants were simply unaffected by the mindset the video represented and were firm in their beliefs about themselves and others.

However, there is also the possibility that the design of the experiment had to do with the lack of support of the hypotheses. There are multiple reasons that the design of the experiment may have been ineffective. The first potential reason is the sampling method. By using a convenience sample and going into classes to conduct the experiment, many students may not have had much of an interest in participating. Because of this, some could have tuned out the videos and/or answered the survey questions at random. Paying attention to the videos is a critical part of the experiment, so this could have had a large impact on the results. If I were to conduct another experiment similar to this one, I would recruit a group of students who I was sure were interested in being active participants.

Additionally, this experiment was conducted among a rather small sample of students. With group sizes of only 58 and 63 students each, the sample sizes leave room for error. If I were to conduct another experiment examining the effects of toxic positivity, I would recruit a larger group of students to participate so that I could collect a more representative data sample.

Another potential reason the design of the experiment may have been ineffective was the experimental videos themselves. While the videos do display toxic positivity, the target audience for these videos is mostly millennial mothers. The message of these videos may not have reached the students in the same manner as the messages of toxic positivity to which they are normally exposed. College students are more accustomed to seeing toxic positivity from young Instagram and TikTok influencers who show off their seemingly perfect lives on social media, not as much from mom bloggers. While this form of toxic positivity is still just as harmful, it may not resonate as much with the audience of this experiment.

Another potential reason, and probably the most likely reason, why the design of the experiment may have been ineffective was that one exposure to toxic positivity will not change someone's entire way of thinking. By showing someone two brief videos, it is nearly impossible to change their entire outlook on themselves and other people with mental health issues. In order to observe the true effects of toxic positivity, it is likely that one would need to conduct a full longitudinal study that involved an experimental group that was exposed to social media and the full effects of toxic positivity and a control group that had no exposure to social media at all. This study would have to take place over multiple months to a year or more to see the full effects of toxic positivity take effect.

Toxic positivity is a very large topic to tackle, and its effects are difficult to measure by simply showing a group of students five minutes of video clips. It is complex and may take longer

to affect someone's attitudes towards themselves and others. However, just because it is such a tough topic to study does not mean it is not worth looking into. While my research could not prove whether toxic positivity affects perceptions about people with mental health issues, a longer, more complex study could. If someone with more time, money, and resources could look into this topic during a longer time frame, it could be one of the first steps in taking down the stigma against mental illness.

However, even without research to back up the potential negative effects of toxic positivity, anyone can help to fight against toxic positivity in everyday life by supporting their friends through hard times. First, it is important to make sure you validate negative emotions. Dismissing or minimizing someone's emotions can only make them worse, so understanding and sympathizing with someone is a much better route to take. Additionally, you should avoid comparing someone else's negative experiences to your own. By shifting the topic to yourself, you are dismissing the struggles that they are going through, which can invalidate their emotions. Lastly, it is important for you to acknowledge reality, even if it may be negative. Pushing someone to be positive through a negative situation can only make them feel unheard. Instead, by acknowledging the current situation and offering support, you can be a more empathetic shoulder to cry on.

Additionally, toxic positivity can and should be addressed on a policy level, especially on the campuses of colleges and universities. There are multiple ways that institutions can put policies into place to combat toxic positivity, including education and awareness programming, mental health support services, open forums for emotional expression, and other miscellaneous policies.

The first way that toxic positivity can be addressed on a policy level is through education and awareness programming. This is especially important on college campuses, as people in the age group can be easily influenced by things they see on social media and institutions of higher

education have a direct way to educate this group. One way that these programs could be implemented is through a required media literacy course, whether it be in a shorter form as a segment of freshman orientation or a module similar to alcohol, drug, and sexual assault modules commonly used by universities or in a longer form as a semester long class. By teaching media literacy, institutions can teach how to recognize toxic positivity on social media and combat it, while also teaching other important skills such as choosing credible news sources. Another way to implement educational programming about toxic positivity is through an awareness campaign on the college's social media. By informing students about the dangers of toxic positivity and how it can affect mental health, it will become easier to avoid its negative effects altogether.

Another way toxic positivity can be addressed on a policy level is through mental health support services. Though most colleges and universities have a wide array of mental health services available to students, there is often a long wait time to schedule a therapy appointment, which can be very discouraging to students who want to seek help. To help with this problem, colleges and universities should hire more therapists to meet the demand for timely appointments. Additionally, some mental health services are not advertised very openly, and it requires a lot of personal research to even find out that they exist. By more openly advertising their array of mental health services, colleges and universities will not only see an increase in the use of their services but will also combat the stigma around speaking openly about mental health issues.

Toxic positivity can also be addressed on a policy level by offering open forums for emotional expression. Tying in with the mental health support service aspect, campus mental health support groups would allow for students to learn that they are not alone and it is okay, and even good, to express their emotions to others. By providing a place for students to share their feelings and their struggles, colleges and universities can aid in taking down the stigma around doing so.

Lastly, there are multiple miscellaneous policy approaches colleges and universities can take to fight against toxic positivity. For example, allowing mental health days as excused absences would encourage students to normalize taking care of themselves mentally the same way they do physically. Including information about mental health resources in the syllabus of every class would also help to normalize seeking help and allow students to easily access any information they need to find the resources that would benefit them most.

In conclusion, though the data from this study failed to support it, research shows that toxic positivity builds the stigma around mental illness by creating an unrealistic expectation that people should remain positive even through the most negative experiences. This can lead to people feeling the need to suppress their emotions because of their belief that these negative emotions are not valid and don't fit the ideal of constant positivity, which only makes mental health issues worse in the long run. Additionally, toxic positivity contributes to the idea that mental illness is something that can easily be overcome if you just put your mind to it, when in reality, it often requires professional help. However, by adopting a culture of empathy and understanding and adopting policies that help to fight against this mindset, especially in college and university settings, we can combat toxic positivity and support people who struggle with mental illness in our society.

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Appendices

Appendix A: Experiment Questionnaire

Instructions: The following questions will ask you about the videos you just watched. Please circle the number that best represents your answer.

1a. How did these videos make you feel?
1. Very bad
2. Slightly bad
3. Neither good nor bad
4. Slightly good
5. Very good

1b. How likely would you be to share these videos with your friends?
1. Very unlikely
2. Slightly unlikely
3. Neither likely nor unlikely
4. Slightly likely
5. Very likely

Instructions: Please rate your agreement with the following statements on a scale of strongly disagree to strongly agree by circling the number that best represents your answer.

Question	Strongly disagree		Neither agree nor disagree		Strongly agree
2a. Pessimistic thinking is a sign of personal weakness.	1	2	3	4	5
2b. It is best to avoid people who think pessimistically so you don't develop this problem.	1	2	3	4	5
2c. Seeing a mental health professional means you are not strong enough to manage your own difficulties.	1	2	3	4	5
2d. I think that most people take the opinion of someone who	1	2	3	4	5

thinks pessimistically less seriously.					
2e. I think that most people think badly of someone who thinks pessimistically.	1	2	3	4	5
2f. I think that most people would not enter into a relationship with someone who thinks pessimistically.	1	2	3	4	5
2g. Pessimistic thinkers do not deserve our sympathy.	1	2	3	4	5
2h. There are sufficient existing resources for those with depression.	1	2	3	4	5
2i. Increased spending on mental health services is a waste of our tax money.	1	2	3	4	5

Instructions: The following questions will ask you how willing you would be to do certain things. Please rate your willingness on a scale of very unwilling to very willing by circling the number that best represents your answer.

Question	Very unwilling		Neither willing nor unwilling		Very willing
3a. How willing would you be to spend time socializing with someone who thinks pessimistically?	1	2	3	4	5
3b. How willing would you be to make friends with someone who thinks pessimistically?	1	2	3	4	5

3c. How willing would you be to have someone who thinks pessimistically start working closely with you on a job?	1	2	3	4	5
3d. How willing would you be to employ someone if you knew they thought pessimistically?	1	2	3	4	5

Instructions: Please rate your agreement with the next 10 statements on a scale of strongly disagree to strongly agree by circling the number that best represents your answer.

Question	Strongly disagree		Neither agree nor disagree		Strongly agree
4a. I am often unsatisfied with myself.	1	2	3	4	5
4b. I often do not feel that I have a number of good qualities.	1	2	3	4	5
4c. I sometimes criticize myself for having irrational or inappropriate emotions.	1	2	3	4	5
4d. I sometimes tell myself I shouldn't be feeling the way I'm feeling.	1	2	3	4	5
4e. I often tell myself I shouldn't be thinking the way I'm thinking.	1	2	3	4	5
4f. I often think some of my emotions are bad or inappropriate, so I shouldn't feel them.	1	2	3	4	5
4g. I sometimes stay away from social situations in order to	1	2	3	4	5

protect my family or friends from embarrassment.					
4h. I sometimes avoid getting close to people to avoid rejection	1	2	3	4	5
4i. I might as well give up because there is nothing I can do about making things better for myself.	1	2	3	4	5
4j. All I can see ahead of me is unpleasantness rather than pleasantness.	1	2	3	4	5

Instructions: Please circle the number that best represents your answer or write your answer on the line.

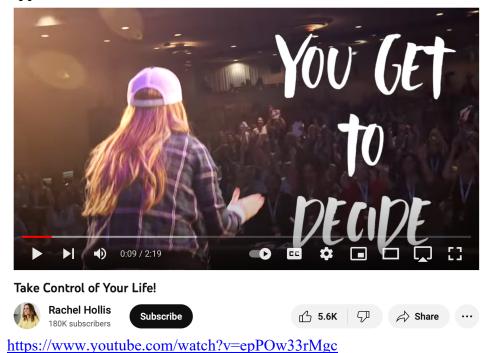5. What is your gender?
      1. Male
      2. Female
      3. Other

6. What is your race?
      1. American Indian/Alaskan Native
      2. Asian
      3. Black/African American
      4. Hispanic/Latino
      5. Native Hawaiian or Other Pacific Islander
      6. White
      7. Mixed race
      8. Other

7. What year are you in school?
      1. Freshman
      2. Sophomore
      3. Junior
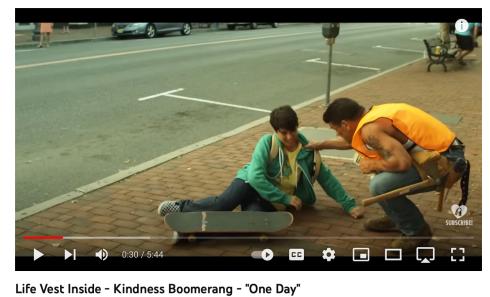   4. Senior
      5. Graduate student

8. How old are you?

      _____ years old

Appendix B: Take Control of Your Life!

Take Control of Your Life!

Rachel Hollis
180K subscribers

Subscribe

5.6K   Share

https://www.youtube.com/watch?v=epPOw33rMgc

Appendix C: The Video EVERY Woman Should Watch!

The video EVERY woman should watch!

Rachel Hollis
180K subscribers

Subscribe

8.5K   Share

https://www.youtube.com/watch?v=6rw0Z1BBbp0

Appendix D: Life Vest Inside – Kindness Boomerang – "One Day"

https://www.youtube.com/watch?v=nwAYpLVyeFU

Appendix E: Tear-Jerker Commercials Create Internet Challenge

https://www.youtube.com/watch?v=iVrQqWIs6ZE&t=33s