(Un)stable Genius?

Candidate Depression, Addiction and Voter Attributes

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April 29, 2022

Abstract

This study investigates how voters react to political candidates who have a mental illness versus a candidate who is rude. I present several findings of interest. Using a survey experiment (N = 1,425) with fictional New York Times-style vignettes, I find that voters in the United States are much more likely to favor and vote for candidates with depression than for candidates who have heroin addiction or who are rude. These results are stronger for certain respondent attributes: gender, party ID, and history of mental illness. Democrats are significantly more likely to favor and vote for candidates with depression or heroin addiction than Republicans; women are more likely to favor decreasing social restrictiveness than men; and respondents with a history of mental illness are much more likely to favor and vote for candidates with depression than respondents without a history of mental illness.

Word Count: 9,648

A Thesis Presented to the Department of Politics

At the University of Virginia in Candidacy for the Degree of Master of Arts

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†The author extends sincere gratitude to Nicholas J.G. Winter and Paul Freedman for their mentorship.

Introduction

How do voters respond to candidates with mental health conditions? Moreover, do these evaluations vary across voters? These are important and timely questions in light of rising mental health awareness due to COVID-19 and the 2020 presidential campaign. The COVID-19 pandemic has negatively affected many Americans' mental health. Pre-pandemic (2019), about 10% of the American public reported symptoms of anxiety or depression; in 2020, this jumped to 40% in 2020 (Panchal et al. 2021). This adds to an already high number of individuals who have experienced mental illness in their lifetimes pre-pandemic—nearly 1 in 5 U.S. adults (47 million) in 2018. Although symptoms of anxiety and depression have increased during the pandemic, they are often coupled with other difficulties that affect mental health: difficulty sleeping or eating, increased alcohol consumption and substance use, and worsening chronic conditions (ibid).

In recent years, and especially during the 2020 presidential election, many politicians have been labeled with mental health diagnoses as delegitimizing political attacks. President Trump was described as mentally unfit, and it was speculated that President Biden has dementia (Leonard 2019a; Leonard 2019b Lee 2019; Murphy 2020). Many established politicians have "come out" as having mental illness[2] and there has been a national discussion of creating a mental health fitness panel for presidential candidates.[3] Due to COVID-19 and the discussions

[2] Representative Seth Moulton [D-MA] with PTSD, Senator Tina Smith [D-MN] with Depression, Representative Ruben Gallego [D-AZ] with PTSD, and Representative Lynn Rivers [D-MI] with bipolar disorder (Leonard 2019b). Former Representative Jesse Jackson Jr. [D-IL] resigned from Congress in 2012 amidst a federal investigation into misuse of campaign funds, stating that he needed to focus on his bipolar disorder; Representative Karen McCarthy [D-MO] sought treatment after she was publicized drunk in the House office building in 2003 and after her death her family revealed she had bipolar disorder; Former Governor Mark Dayton [D-MN] told his constituents in 2010 that he had been taking antidepressants.

[3] In 2019, Democrats planned and held a Capitol hill event featuring psychiatrists who warned that President Trump was unfit for office (Leonard 2019a). This was led by Dr. Bandy Lee, who is the editor of the book *The Dangerous Case of Donald Trump*, which argues that psychiatrists have a responsibility to inform the public if a president is "dangerous." This is controversial for multiple reasons. First, most practitioners advise never to diagnose people

surrounding politicians with mental illnesses, I expect the mental health of politicians to be an important and timely topic of study.

This paper explores whether voters discriminate against political candidates who have depression or heroin addiction compared to another socially undesirable characteristic—rudeness. I argue that political candidates who have substance use disorders (heroin addiction) will have lower favorability and vote choice evaluations than candidates who are rude, and candidates who have depression will have higher favorability and vote choice evaluations than candidates who have substance use disorders (heroin addiction). I expect that female respondents, Democratic respondents, and respondents who have experienced mental illness in their lifetimes will rate candidates with mental illness higher on favorability and vote choice evaluations than male respondents, Republican respondents, and respondents who have not experienced mental illness in their lifetimes, respectively.

Contrary to my expectations, I find that voters rank rude candidates less favorably than either depression or heroin addiction and are less likely to vote for them compared to candidates with depression—although there is no statistically significant difference between the rude candidate and the candidate with heroin addiction. In terms of voter's attributes, gender, party ID, and experiencing a mental illness are all important moderators to different degrees.

Gender appears to matter for favorability and depression and is most prominent in the social restrictiveness (CAMI) measure. Women are about 4 points more likely to favor candidates with depression ($p < 0.05$) and are 3 points less likely to favor candidates with heroin

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they have never personally evaluated; second, the American Psychiatric Association instituted the "Goldwater Rule" in 1973 in its annotated code of ethics ("Goldwater Rule" 2021). This rule came about because of the Fact magazine's survey of 12,356 psychiatrists during the 1964 presidential election that asked, "Do you believe Barry Goldwater is psychologically fit to serve as President of the United States?" ("Goldwater Rule" 2021). Lee notes that the goal of the conference is to create a medical panel that would, "prevent mentally unfit people from entering high office" (Leonard 2019a).

addiction (n.s.) than men are. Women are much less socially restrictive than men are in terms of general views of mental health. Specifically, women respondents want a 6% decrease in social restrictiveness when presented with a candidate with depression ($p < 0.001$) and a 7.5% decrease in social restrictiveness when presented with a candidate with heroin addiction compared to male respondents ($p < 0.001$).

There is a strong partisan divide with Democratic voters favoring candidates with mental illness significantly more than Republican voters. Democratic respondents are 8 points more likely to favor a candidate with depression ($p < 0.001$) and are 5 points more likely to favor a candidate with heroin addiction ($p < 0.05$) than Republican respondents are. Democratic respondents are 7 points more likely to vote for a candidate with depression ($p < 0.01$) and are 4 points more likely to vote for a candidate with heroin addiction (n.s.) than Republican respondents are. Republican respondents desire more social distance from candidates with depression ($p < 0.01$) and heroin addiction (n.s.) and slightly less social distance from candidates who are rude when compared to Democratic respondents. Democratic respondents want a 1.7% decrease in social restrictiveness when presented with a candidate with depression ($p < 0.05$) compared to Republican respondents.

Finally, there are substantial results that suggest voters who have had mental illness in their lifetimes prefer candidates that descriptively represent them. Those who have had mental illness in their lifetimes are more likely to favor candidates with depression—by 6 points—($p < 0.05$), are about 6 points more likely to vote for them ($p < 0.05$), want less social distance ($p < 0.001$), and about 7% less social restriction ($p < 0.001$) than those who have not had mental illness in their lifetimes. Those who have had mental illness in their lifetimes are more likely to favor candidates with heroin addiction—by 1.5 points—(n.s.), are about one point more likely to

vote for them (n.s.), want less social distance ($p < 0.001$), and about 6.3% less social restriction ($p < 0.001$) compared to respondents who have not had mental illness in their lifetimes ($p < 0.001$).

The next section of the paper will outline my argument and provide a theoretical overview. I will then explain my survey experiment and present results. I will end by placing my results in a broader context and outlining future research avenues.

Argument

Aside from overall prevalence lending importance to this study, there are two additional reasons why examining the difficulties individuals with mental health conditions face when seeking higher office is important: 1) there is evidence that psychiatric conditions may affect cognitive ability and current evidence suggests that there is high prevalence of mental health conditions among politicians; and 2) mental health status has been used in recent elections as a politically delegitimizing tactic. Politicians are required to make complex decisions (Sheffer et al. 2018), and these complex decision-making processes may be further complicated by depression (Leykin, Roberts, and DeRubeis 2011) and drug addiction (Li et al. 2013; Mizoguchi and Yamada 2019; Hou et al. 2016). There is evidence that there is a high prevalence of mental health conditions among UK politicians (Poulter et al. 2019) and historically among U.S. presidents (Davidson, Connor, and Swartz 2006). This likely extends to politicians more generally given politicians' difficult working environment and, at times, stressful decisions (Weinberg and Cooper 2003). While many of these studies examine prevalence and medical

effects of mental illness, only one other study examines the perceptions of politicians' mental illness (Lowen and Rheault 2019).[4]

Substance Use Disorders

Substance use disorders are very common and can evoke higher levels of stigmatization than schizophrenia, anxiety disorders, or depression (Corrigan et al. 2005; Röhm et al. 2021). The attributed controllability of an addiction, a person's perceived responsibility, as well as the familiarity with the substance and its dangerousness influence the level of stigmatization (Corrigan et al., 2005). Röhm et al. (2021) find that heroin addictions are more stigmatized than alcohol addictions, that varying personal responsibility did not matter (contrary to the prevailing consensus in the mental health literature), and that moral value orientations of the respondents and employment status of the individual with substance use disorder are significant.

> ***Hypothesis 1A:*** *Candidates who have substance use disorders (heroin addiction) will have lower favorability and vote choice evaluations than candidates who are rude.*

Depression

McGinty et al. (2015) finds that portrayals of untreated depression, schizophrenia, and drug addiction increased negative public attitudes for mental illness and drug addiction. Portrayals of successful treatments of schizophrenia and drug addiction led to decreased social distance, increased beliefs in the effectiveness of treatment, and decreased likelihood of discrimination against people with these conditions (McGinty et al. 2015). Link et al. (1999)

[4] Lowen and Rheault (2019) examine a hypothetical candidate with mental illness—depression— and compare that to hypothetical politicians with other physical illnesses—high blood pressure, cancer, flu, and skin conditions. They find that voters in the U.S. are about 10 percentage points less likely to vote for candidates who have suffered from depression than for those with cancer or high blood pressure. While this is a fascinating study, it only examines depression, a more widely accepted mental illness, and only compares it to physical illnesses.

finds that symptoms of mental illness are still strongly tied to public fears of violence and increased social distance. For every condition except cocaine dependence (person's own bad character), the vast majority of people believed that stress was the main cause of mental health conditions. For schizophrenia and depression, the second cause was chemical imbalances in the brain, and for alcohol dependence, the second stated cause was the way a person was raised (Link et al. 1999). While the explicit ordering of preferences among disability groups places alcoholism ahead of mental illnesses, this work was done in the 1970s and did not disaggregate the individual conditions within the larger mental illness category. I think it is more telling that cocaine dependence is viewed as someone's bad character while schizophrenia and depression are viewed more in terms of illness. There is a hierarchy of acceptability of mental illnesses and, perhaps some substance use disorders may not be granted the same medical "protection" from the public's negative perceptions as depression has been afforded.

> ***Hypothesis 1B:*** *Candidates who have depression will have higher favorability and vote choice evaluations than candidates who have substance use disorders (heroin addiction).*

Respondent Attributes: Gender, Party ID, Mental Illness

There is a vast body of literature that explores how voters process electoral information and choose candidates. This literature has found that candidate identities (race, gender, veteran status, etc.) and experience (education, occupation, etc.) can offer the voter shortcuts in decision making that simplifies the information overload (e.g. Huddy and Terkildsen 1993; Terkildsen 1993; Atkeson and Hamel 2018; Hardy et al. 2019). Work on candidate evaluations in Politivcal Science tells us that respondents differentially discriminate against political candidates depending on gender (Hart et al. 2011), party ID (Weisberg and Rusk 1970), and race (Dwyer et

al. 2009; Terkildsen 1993; McDermott 1998). This study examines whether respondents favor or vote for politicians with depression or heroin addiction differently based on their own gender, party ID, or mental health status.

Partisanship of a respondent has played a large role in candidate evaluation in political science (Weisberg and Rusk 1970). Stereotypes, individual information, and partisanship interact when individuals are evaluating candidates (Crawford et al. 2011). Furthermore, in recent years we have seen an increase in partisan-ideological sorting such that social polarization has been found to affect judgment, behavior, and emotion (Mason 2014; Huddy 2001). Thus, I expect partisanship to play a moderating role in the relationship between candidate mental health condition and ratings of favorability and vote choice. It seems that mental illness may "fit" better in a sorting sense with the Democratic party over the Republican party such that Democrats will favor and be more likely to vote for candidates with mental illnesses compared to Republicans.

> ***Hypothesis 2:*** *Democratic respondents will rate candidates with mental illness higher on favorability and vote choice evaluations than Republican respondents.*

Gender is also another important respondent attribute that may affect perceptions of candidates with mental illnesses. Throughout history, mental illness diagnoses have been used to control and oppress "others" in society. Women who did not fit within the narrow standards of "proper womanhood" were labeled witches in Puritan society and, more recently, they were given the pseudoscientific diagnosis of "hysteria." Until 1980, hysteria was a formally studied psychological disorder that was "sex-selective," meaning, it only affected women (McVean 2017). Hysteria diagnoses implied women were overly emotional, deranged, or did not fit the stereotypical view of what a woman ought to be—"submissive, even-tempered, and sexually

inhibited" (McVean 2017). Because of this history, it is possible that women respondents may feel more sympathetic toward and favor candidates with mental illnesses. I expect this to be especially true for depression since that was historically considered a female mental illness (MHA 2022).

> ***Hypothesis 3:*** *Female respondents will rate candidates with mental illness higher on favorability and vote choice evaluations than male respondents.*

An additional respondent attribute that may be especially significant is the mental health history of the individual respondent. It is possible respondents who have had mental illness in their lifetimes will view candidates with mental illness through a representation lens. It is also possible, though less likely, that if respondents have internalized self-stigma, they will project that onto political candidates with mental illness (Corrigan 2000). This second option seems less plausible for two reasons: 1) because not every person who has had mental illness has or ever had self-stigma; and 2) there is little evidence that laypeople would project their own self-stigma onto a political elite. Thus, I will be focusing on representation to inform my final hypothesis.

Descriptive representation has been studied from many angles in political science and is applied to many different groups. As of yet, this concept has not been applied to those with mental health conditions within political science. Mansbridge (1999) argues that descriptive representation aids group mistrust and communication and helps create a social meaning of "ability to rule." Burden (2007) specifically mentions how personal ties and experiences motivate legislators' voting decisions and how they decide to allocate their time. Interestingly, Burden interviews several legislators who mention their personal connections to those with mental illness and how those connections influenced their policy agenda but does not focus on

this. Arnesen and Peters (2018) find that when traditionally less advantaged groups were asked about representation, they tended to value descriptive representation more than other citizens. Therefore, I expect that respondents who have had mental illness will view political candidates with mental illnesses more favorably than those who have not had mental illness.

> ***Hypothesis 4:*** *Respondents with a history of mental illness will rate candidates with mental illness higher on favorability and vote choice evaluations than respondents without a history of mental illness.*

Research Design & Data

The Survey Experiment

I conducted a survey experiment (N = 1,425) using Lucid, a survey research company, at the end of January 2022. I also conducted a soft launch (N = 75) earlier in January 2022. The study was restricted to U.S. participants at least 18 years of age or older and they were paid $1 for completed responses. I was allowed to use one attention check question for Lucid Theorem and excluded participants if they failed the attention check. The attention check question was a simple factual question about what condition was mentioned in the article respondents just read. Since the entire article was about one condition (heroin addiction, depression, or uncivil behavior) I expect respondents who at least read the headline to get the question right and excluded those who did not pass this baseline level of attentiveness.

Lucid convenience samples have been criticized for their deviations from nationally representative samples. While this is a valid concern, Coppock and McClellan (2019) find that that demographic and experimental findings on Lucid track well with US national benchmarks

and conclude that subjects recruited from the Lucid platform constitute a sample that is suitable for evaluating many social scientific theories and produces similar results to Amazon's Mechanical Turk (MTurk). Krupnikov, Nam, and Style (2021) conclude that Lucid seems closer to a balanced sample than a convenience sample. Finally, Peyton, Huber, and Coppock (2021) investigate whether online experiments during the pandemic can be generalized to other time periods. They find that pre-pandemic experiments replicate in terms of sign and significance but there are somewhat reduced magnitudes, which they argue is due to an increased share of inattentive subjects on online platforms during COVID-19. They conclude that the pandemic does not pose a fundamental threat to the generalizability of online experiments to other time periods (Peyton, Huber, and Coppock 2021). Given these conclusions, I will generalize my Lucid findings with caution.

I randomly assigned participants to one of three mental illness vignette treatments. Respondents were randomly assigned to read one of three fictional New York Times articles about a political candidate with depression, heroin addiction, or who was rude (control). The fictional New York Times articles were formatted with care to closely resemble a real NYT article and was optimized for both desktop and mobile screens (see Appendix for full articles).[5] Each article describes a pair of politicians and contenders for a Florida House seat, Thomas Ryden and Daniel Young, exchanging insults about Ryden's heroin addiction, depression, or uncivilized behavior. No party affiliations or policies are mentioned in the articles. The articles are identical except for what Thomas Ryden is being insulted for and includes some common stereotypes and characteristics associated with heroin addiction (dirty needles, illegality, drug

[5] The same photo of a white man was used for all articles. The man was labeled as Thomas Ryden but was actually Bob Schaffer, a former Colorado U.S. House member from 1997 to 2003. Schaffer is retired from public life, and it is highly unlikely that respondents will be able to identify him.

testing, altered decision making) and depression (laziness and absenteeism, cannot get out of bed, altered decision making). The control (rudeness) was intentionally left vague and was characterized by the words "conduct," "incivility," and "uncivilized behaviors."

In all articles, Daniel Young comes off as aggressive and says that elected officials like Thomas Ryden should be punished in some way. In the heroin condition, Young states that he is for drug testing elected officials; in the depression condition, Young states that he is for fining elected officials for absenteeism; in the control (rude) condition, Young states that he is for exposing uncivilized behaviors in elected officials. I chose to include two political actors in an article format for a few reasons. This may somewhat limit the sympathy respondents give Ryden if it had been a press release of him disclosing his illness.[6] Press releases of that nature also include more information about the candidate's political party, policy stances, or history of political experience. It also allowed me to keep the specifics of the mental illness intentionally vague. From the mental health literature, it has been established that if people with mental illnesses are in treatment, on medication, or it occurred in the past and seems to be "under control" then they are viewed more favorably. I did not include any of this information and only indicated that Thomas Ryden had been struggling with depression/drug addiction since he was a teenager.

[6] Although I do include a sentence that states, "Mr. Ryden revealed last year that he had been struggling with depression since he was a teenager." This may increase the amount of sympathy he receives, and this is not in the control (rude) condition.

Table 1: Experimental Conditions[7]

Condition	Number of Participants	Percent
Depression	473	34.425
Heroin Addiction	440	32.023
Rude	461	33.552
Total	1,374	100

I included a factual manipulation check immediately after the articles (Kane and Barabas 2019). To pass the manipulation check for heroin addiction and depression, respondents had to answer what condition was discussed in the New York Times article they just read. They chose between diabetes, depression, insomnia, and heroin addiction. The soft launch revealed a potential problem with also listing uncivil behavior for the depression and heroin addiction attention checks because respondents could fairly interpret all the articles as discussing uncivil behavior because they were all discussing "insults" exchanged between politicians. Therefore, I excluded this category for the depression and heroin addiction attention checks in the full launch. The uncivil behavior attention check gave the following options: diabetes, depression, uncivil behavior, and heroin addiction. This manipulation check ensures that my sample includes those who at least read the headline and some of the article, although does not determine the exact level of attentiveness.

[7] The randomization of experimental conditions appears to have worked well. A breakdown of the experimental conditions by demographic variables appears in the appendix.

Respondents were then asked 101-point thermometer vote choice and favorability questions followed by a social distance question (Corrigan et al. 2001), a battery of questions about mental illness attribution (Link et al. 1999; Martin, Pescosolido, and Tuch 2000; (Hing et al. 2016), a question about familiarity with persons with mental illness (Corrigan et al. 2001), the social restrictiveness subscale of the Community Attitudes Toward The Mentally Ill scale (CAMI) (Taylor and Dear 1981),[8] an ideology measure, party identification questions, and ended with a question about how seriously respondents take surveys (Lopez and Hillygus 2018).

Many respondents did not reach the end of the survey for numerous reasons. Initially, 2,252 respondents agreed to the IRB consent statement and began the survey. There were 432 respondents who did not answer question 3 (attention checks). The first question of the survey after the IRB is not presented in this study and had a 30-character validation. Many respondents did not make it past this question, likely because of the validation requirement. Only 1,820 respondents answered the attention check questions and 1,504 passed, giving an average pass rate of 82.6% for the attention check questions.[9] For those that passed the attention checks at the beginning of the survey and were given the option to continue, 95.4% made it to the end of the survey. Of the 1,435 people who answered the final question, 75 respondents said they do not

[8] The CAMI is a 40-item scale consisting of four, 10-item subscales: Social Restrictiveness (reliability: 0.80); Authoritarianism (reliability: 0.68); Benevolence (reliability: 0.76); and Community Mental Health Ideology (reliability: 0.88). I chose the social restrictiveness subscale but excluded the two questions mentioning mental patients and the question asking whether anyone with mental problems should be excluded from taking public office. The full social restrictiveness subscale can be found in the Appendix.

[9] The pass rates for the attention checks by treatment condition and other answer options are below:

- Heroin: 78.4% (479/611) passed; 4.58% diabetes (28); depression (83) 13.58%; Insomnia (21) 3.44%.
- Depression: 86.4% (529/612) passed; 2.9% (18) diabetes; 2.61% (16) Insomnia; Heroin addiction 8% (49).

always take surveys seriously and instead provide humorous, or insincere responses always (31) or most of the time (44).[10] These respondents were removed from the main sample.[11] The data was collected under protocols approved by the Institutional Review Board at the University of Virginia (# 4858).

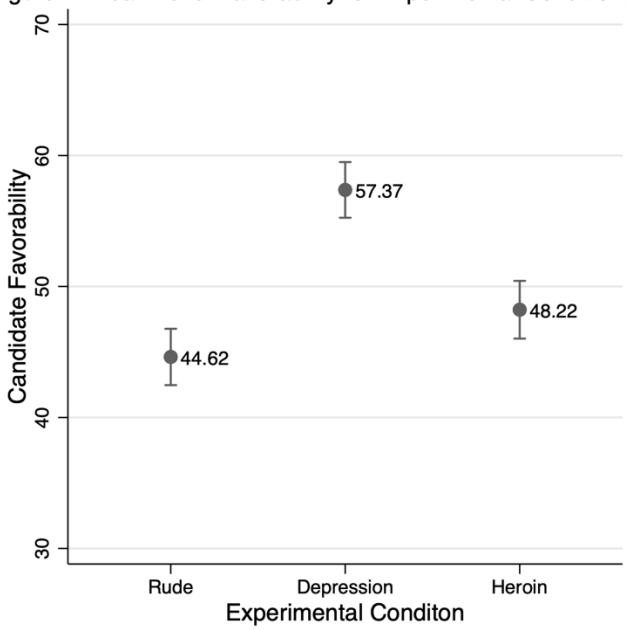
Results

The survey revealed that there is a stark difference between the social acceptability of political candidates having different mental illnesses and this is contingent on the respondents' party identification, gender, and history with mental illness. Respondents greatly favor a political candidate with depression and slightly favor a candidate with heroin addiction compared to a political candidate who is rude. This difference extends to vote choice for depression, but not heroin addiction (not statistically significant). Contrary to my expectations, I find that respondents *really* do not like rude candidates. There are two main ways to look at this surprising result. The first is to view this as a sign that our society in the age of COVID-19 is becoming more understanding and accepting of mental illnesses of all varieties. The second way to view this is that candidates with heroin addiction are still disliked, but candidates who are rude are simply disliked more. It may be more accurate to say that candidates with heroin addiction are nearly as disliked as candidates who are publicly called out for being rude.

[10] Here is the breakdown of responses to the question that asks whether respondents provide insincere responses: Never 70.73% (1015); Rarely 14.63% (210); Some of the time 9.41% (135); most of the time 3.07% (44); Always 2.16% (31).

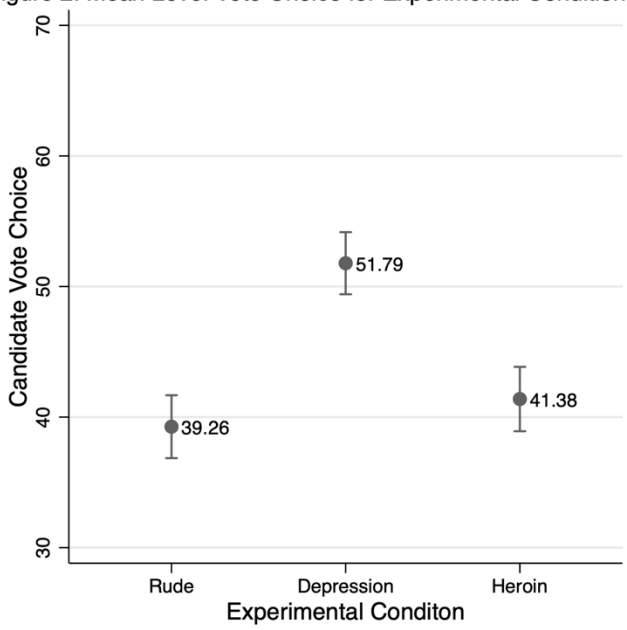
[11] A handful of respondents were also removed after hand-coding the emotional induction text responses and final open-ended text box for respondents who provided nonsense answers.

Figure 1: Mean Level Favorability for Experimental Conditions



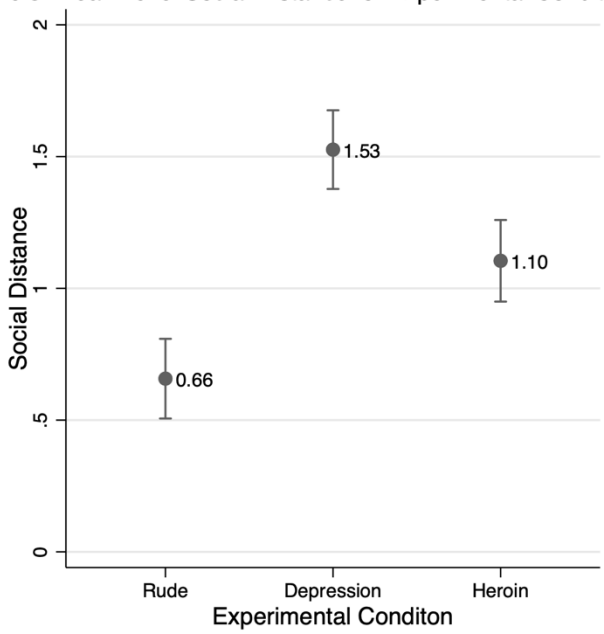
95% CIs reported, $N = 1374$ Survey Respondents
Source: 2022 Lucid Survey Experiment Conducted by Author.

Figure 2: Mean Level Vote Choice for Experimental Conditions



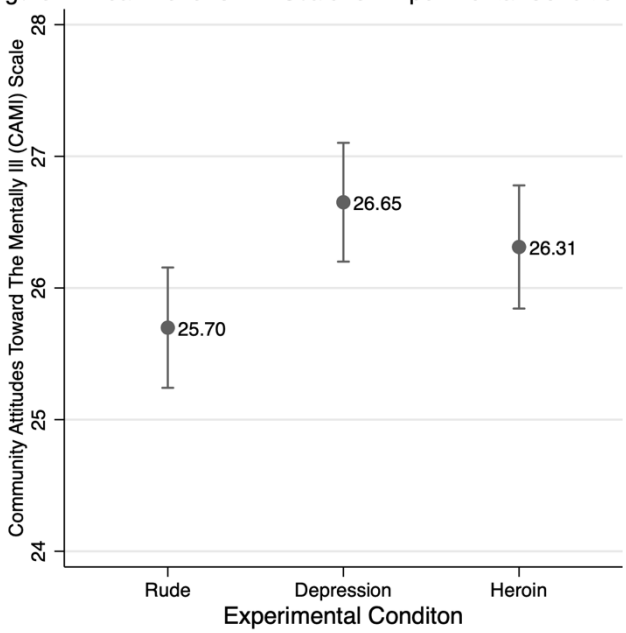
95% CIs reported, $N = 1374$ Survey Respondents
Source: 2022 Lucid Survey Experiment Conducted by Author.

Figure 3: Mean Level Social Distance for Experimental Conditions



95% CIs reported, $N = 1374$ Survey Respondents
Source: 2022 Lucid Survey Experiment Conducted by Author.

Figure 4: Mean Level CAMI Scale for Experimental Conditions



95% CIs reported, $N = 1374$ Survey Respondents
Source: 2022 Lucid Survey Experiment Conducted by Author.

The main results of the survey experiment are presented in the marginsplots in Figures 1-4. Figures 1-4 examine differences in means between the experimental conditions (rude, depression and heroin addiction) and several dependent variables—favorability,[12] vote choice, social distance,[13] and community attitudes about mental illness.[14] Figure 1 shows that respondents are about 13 points more likely to favor the candidate with depression ($p < 0.001$) and about 4 points more likely to favor the candidate with heroin addiction ($p < 0.05$) than the rude candidate on a 0-100 point feeling thermometer. That difference extends to vote choice for depression, where respondents are again about 13 points more likely to vote for the candidate with depression than the rude candidate ($p < 0.001$). This statistically significant difference does not extend to vote choice for heroin addiction where respondents are about two points more likely to vote for the candidate with heroin addiction than the rude candidate (n.s.).

Interestingly, for both depression and heroin addiction, respondents prefer increased social distance from the rude candidate rather than either the depression or heroin addiction candidate (Figure 3). Respondents want about a 11% decrease in social distance from the

[12] Favorability is a 0-100- point feeling thermometer that gauges how favorable respondents feel toward Thomas Ryden. Vote choice is another 0-100-point feeling thermometer that asks how likely respondents are to vote for Thomas Ryden if they were in his district.

[13] Social distance in the context of mental illness is often used as a measure of bias against the mentally ill. It asks a series of eight statements that ask whether respondents want someone like Thomas Ryden to move next door to them, rent a room to someone like Thomas Ryden, or wish to have no relationship with someone like Thomas Ryden (all eight statements can be found in the Appendix). The social distance scale is a 0-7 measure that indicates the amount of interaction someone wants with someone like Thomas Ryden.

[14] The Community Attitudes Toward The Mentally Ill (CAMI) scale is a popular method of gauging various aspects of bias against people with mental illness. There are four subscales to the CAMI measure— social restrictiveness, authoritarianism, benevolence, and community mental health ideology—and each subscale contains 10 items. I only use the social restrictiveness subscale for this analysis and only use seven of the ten subscale questions because of time constraints. I made the CAMI social restrictiveness subscale a continuous measure from 7-35 that increases for every response that decreases social restrictiveness.

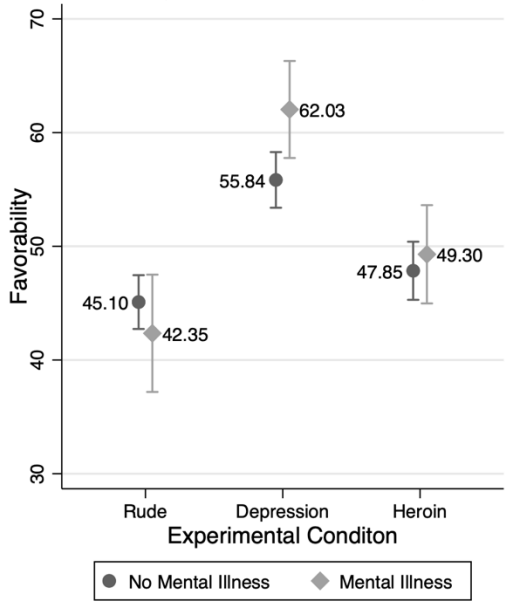
candidate with depression compared to the candidate who is rude. On the combined scale, this would mean that respondents would agree to an additional statement ("I would move next door to someone like Thomas Ryden," "I would recommend a person like Thomas Ryden for a job"), on average, compared to the rude candidate ($p < 0.001$). Respondents want about a 6% decrease in social distance from the candidate with heroin addiction compared to the candidate who is rude. On the combined scale, this would mean that respondents would agree to half an additional statement ("I would move next door to someone like Thomas Ryden," "I would recommend a person like Thomas Ryden for a job"), on average, compared to the rude candidate ($p < 0.001$). In Figure 4, we see that on the Community Attitudes Toward The Mentally Ill (CAMI) scale, respondents want a 3.4% decrease in social restrictiveness when presented with the candidate with depression ($p < 0.01$) and a 2.2% decrease in social restrictiveness when presented with the heroin addiction candidate compared to the rude candidate (n.s).

Respondents with Histories of Mental Illness

I have hypotheses that there are differences based on respondent gender, party ID, and history of mental illness. There are significant differences between respondent personal characteristics and how they favor and vote for political candidates with depression and heroin addiction when compared to rude candidates. Those who have had mental illness in their lifetimes are more likely to favor candidates with depression than those who have not had mental illness in their lifetimes. This difference—an increase of 6 points—is statistically different from zero at the 0.05 p-level. Respondents who have had mental illness in their lifetimes are 1.5 points more likely to favor candidates with heroin addiction than respondents who have not had mental illness in their lifetimes (n.s.). Similar to favorability, there are significant effects based on respondent history with mental illness for depression and no statistically significant differences

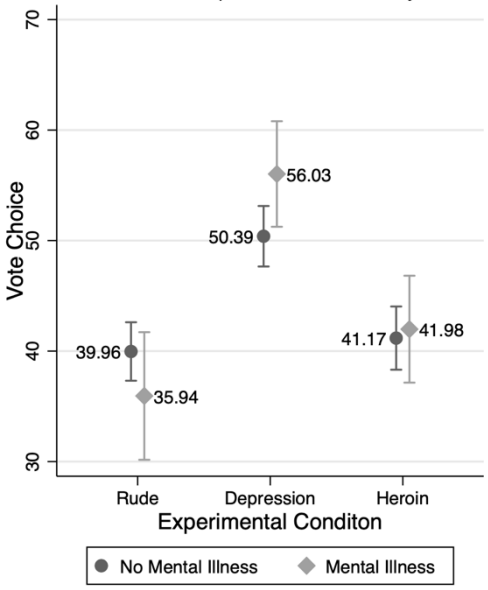
for heroin addiction and vote choice. Those who have had mental illness in their lifetimes are about 6 points more likely to vote for candidates with depression than those who have not had mental illness in their lifetimes ($p < 0.05$). Those who have has mental illness in their lifetimes are about one point more likely to vote for candidates with heroin addiction than those who have not had mental illness in their lifetimes (n.s).

Figure 5: Mean Level Favorability for Experimental Conditions by Mental Illness Status



95% CIs reported, *N* = 1374 Survey Respondents
Source: 2022 Lucid Survey Experiment Conducted by Author.

Figure 6: Mean Level Vote Choice for Experimental Conditions by Mental Illness Status

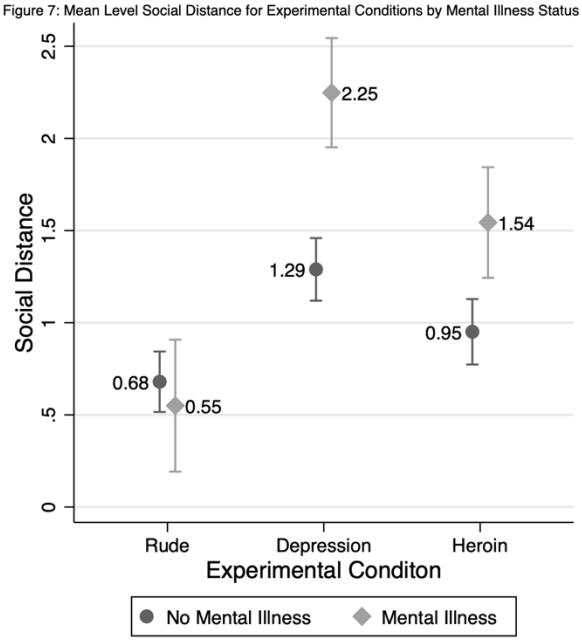


95% CIs reported, *N* = 1374 Survey Respondents
Source: 2022 Lucid Survey Experiment Conducted by Author.

Respondents who have had mental illness in their lifetimes want about a 12% decrease in social distance from the candidate with depression compared to respondents who have not had mental illness in their lifetimes ($p < 0.001$). On the combined scale, this would mean that respondents would agree to an additional statement ("I would move next door to someone like Thomas Ryden," "I would recommend a person like Thomas Ryden for a job"), on average, compared to respondents who have not had mental illness in their lifetimes ($p < 0.001$). Respondents who have had mental illness in their lifetimes want about a 7% decrease in social distance from the candidate with heroin addiction compared to respondents who have not had

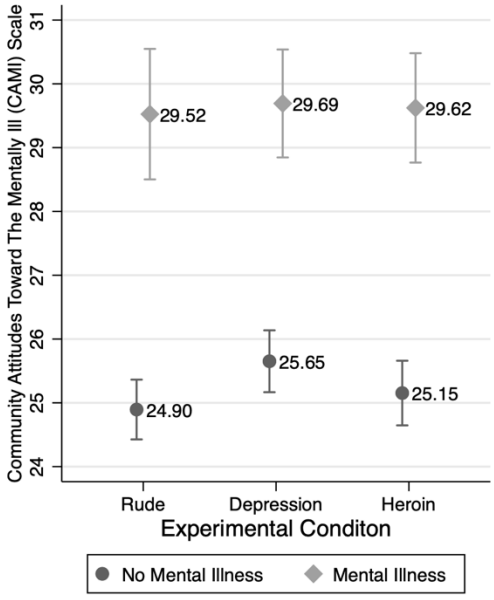
mental illness in their lifetimes ($p < 0.001$). On the combined scale, this would mean that respondents who have had MI would agree to half an additional statement ("I would move next door to someone like Thomas Ryden," "I would recommend a person like Thomas Ryden for a job"), on average, compared to respondents who have not had MI ($p < 0.001$). In Figure 8, we see that on the Community Attitudes Toward The Mentally Ill (CAMI) scale, respondents who have had mental illness in their lifetimes want about a 7% decrease in social restrictiveness when presented with the candidate with depression ($p < 0.001$) and a 6.3% decrease in social restrictiveness when presented with the heroin addiction candidate compared to respondents who have not had mental illness in their lifetimes ($p < 0.001$).

Figure 7: Mean Level Social Distance for Experimental Conditions by Mental Illness Status



95% CIs reported, $N = 1374$ Survey Respondents
Source: 2022 Lucid Survey Experiment Conducted by Author.

Figure 8: Mean Level CAMI Scale for Experimental Conditions by Mental Illness Status



95% CIs reported, $N = 1374$ Survey Respondents
Source: 2022 Lucid Survey Experiment Conducted by Author.

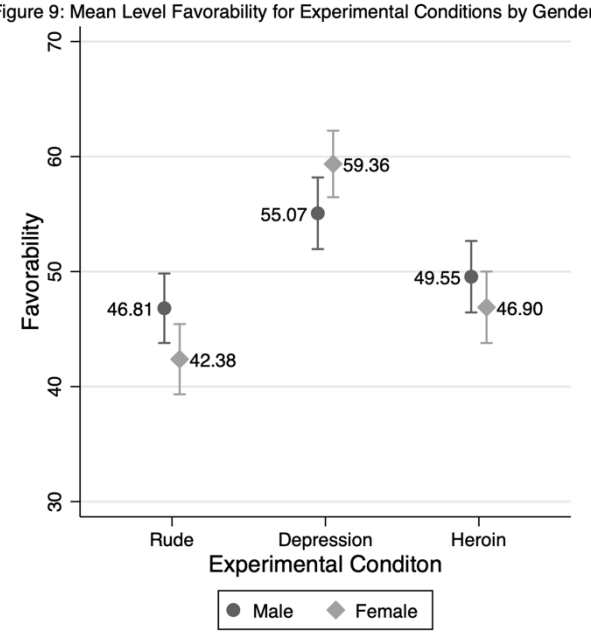
These are interesting findings because it suggests that there is some evidence that those who have experienced mental illness in their lifetimes prefer candidates who may share their

own experiences. This could be suggestive evidence that voters with histories of mental illness want more descriptive representation from their representatives. What makes this even more interesting although complicates the situation is the difference between depression and heroin addiction for favorability and vote choice and then social distance and social restrictiveness (CMAI). It is possible that because heroin addiction is not as accepted as a mental illness as depression is, voters with histories of mental illness may not favor or vote for candidates with heroin addiction even if they are more tolerant in terms of social distance and social restrictiveness. Is this because voters who have had mental illness do not consider heroin addiction as a mental illness? Or, is there an internalized stigma against people with more severe mental health conditions holding public office that is even displayed among those with histories of mental illness themselves? This is an intriguing finding and an avenue for future research.

Gender

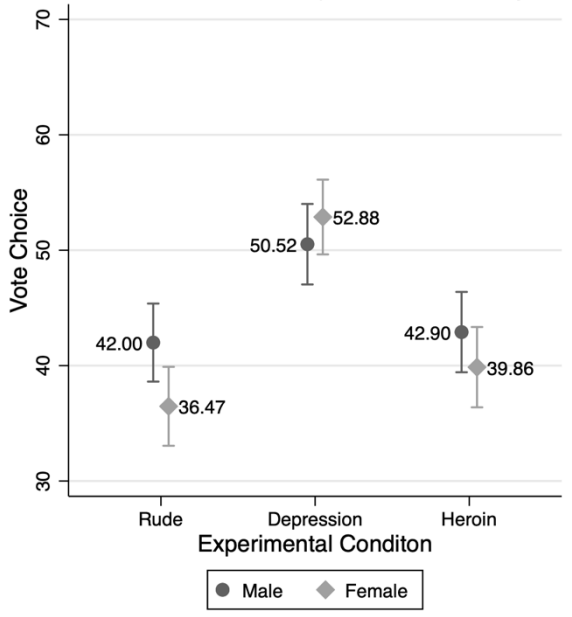
As stated in the argument section, there are interesting gender effects in the candidate evaluation literature and mental illness in the United States has been gendered in the past. I expected that women would be more favorable and be more likely to vote for candidates with depression and heroin addiction. In addition, since depression has been more gendered in the past than heroin addiction, I expect women to be more favorable and more likely to vote for candidates with depression than heroin addiction compared to men. Figure 9 shows that women are about 4 points more likely to favor candidates with depression ($p < 0.05$) and are 3 points less likely to favor candidates with heroin addiction (n.s.) than men are. Women are about two points more likely to vote for candidates with depression (n.s.) and 3 points less likely to vote for candidates with heroin addiction (n.s.) than men are. Turning to Figures 11 and 12, we can see

Figure 9: Mean Level Favorability for Experimental Conditions by Gender



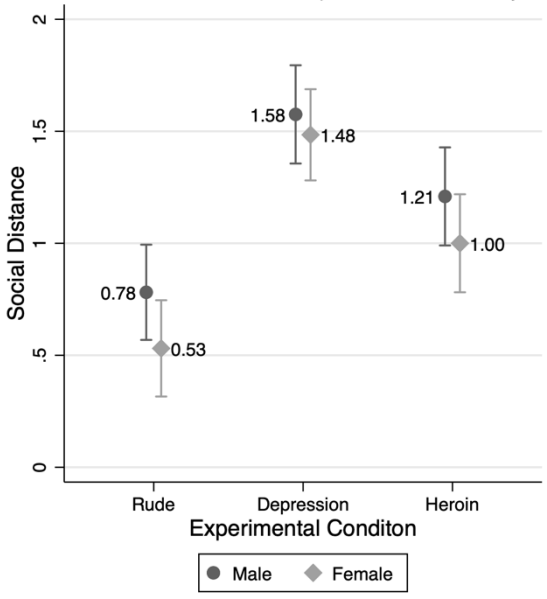
95% CIs reported, *N* = 1374 Survey Respondents
Source: 2022 Lucid Survey Experiment Conducted by Author.

Figure 10: Mean Level Vote Choice for Experimental Conditions by Gender



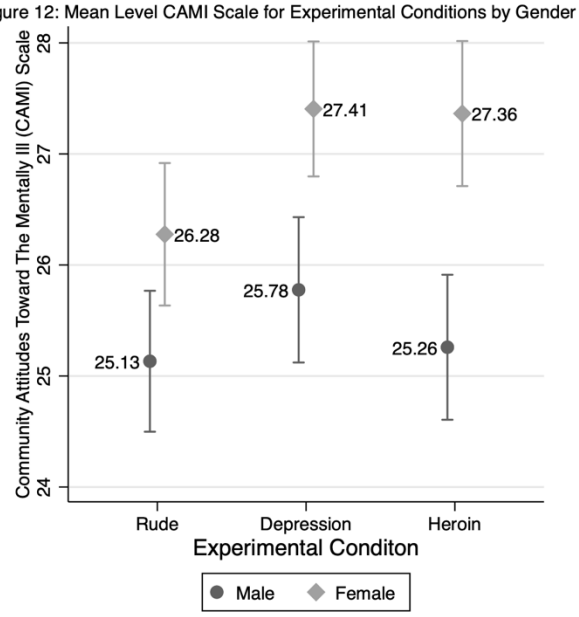
95% CIs reported, *N* = 1374 Survey Respondents
Source: 2022 Lucid Survey Experiment Conducted by Author.

Figure 11: Mean Level Social Distance for Experimental Conditions by Gender



95% CIs reported, *N* = 1374 Survey Respondents
Source: 2022 Lucid Survey Experiment Conducted by Author.

Figure 12: Mean Level CAMI Scale for Experimental Conditions by Gender



95% CIs reported, *N* = 1374 Survey Respondents
Source: 2022 Lucid Survey Experiment Conducted by Author.

the gender difference looking at social distance and social restrictiveness (CMAI), respectively. Women desire about the same amount of social distance from candidates with depression and heroin addiction as men do (all statistically insignificant. What is surprising is that women are much less socially restrictive than men are in terms of general views of mental health. Specifically, women respondents want a 6% decrease in social restrictiveness when presented with a candidate with depression ($p < 0.001$) and a 7.5% decrease in social restrictiveness when presented with a candidate with heroin addiction compared to male respondents ($p < 0.001$). Other than the social restrictiveness dependent variable, all other findings for depression and heroin addiction (save favorability for depression) are null.

Why is the social restrictiveness measure different for female respondents? It is possible that in the abstract women are more likely to be tolerant of people with mental illness, but when presented with concrete examples, they are less tolerant. The favorability, vote choice, and social distance measures are all based on questions contextualized to the hypothetical candidate, Thomas Ryden, while the social restrictiveness measure is based on a series of questions asking about "the mentally ill" for the most part. It is also interesting to note that when the dependent variable is contextualized, women punish the rude candidate more than men do, women are less likely to prefer the candidate with heroin addiction, and only favor and vote for the candidate with depression slightly more than men do.

Party Identification

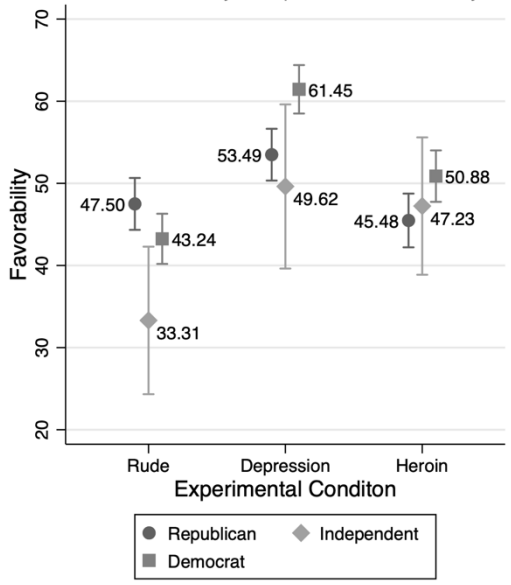
Party Identification has become increasingly important in American politics given partisan sorting and polarization. Only a handful of politicians have "come out" with their stories

of mental illness, but the majority of those that have are Democrats. This may be for several reasons: those with mental illness may identify more strongly with the Democratic party because that party generally favors expanded healthcare benefits; it could also be that the rhetoric and positions of one of the parties is culturally known to be more tolerant of mental illness and other cognitive or physical disabilities. In any event, I expect that Democrats will be more favorable towards and more likely to vote for candidates with depression and heroin addiction than Republicans are. I have no strong assumptions about respondents that are true Independents—I also do not have enough data to make strong claims about independent respondents so will be excluding them when discussing my findings.

Figures 13 and 14 show favorability and vote choice by party ID, respectively. Republicans and Democrats are both more likely to strongly favor candidates with depression compared with candidates who are rude. Republicans are 6 points more likely to favor the candidate with depression ($p < 0.01$) and Democrats are 18 points more likely to favor the candidate with depression compared to the candidate who is rude ($p < 0.001$). For heroin addiction, the partisan differences are even more prominent. Republicans are 2 points *less likely* to favor the candidate with heroin addiction (n.s.) and Democrats are 8 points more likely to favor the candidate with heroin addiction compared to the candidate who is rude ($p < 0.001$). Democratic respondents are 8 points more likely to favor a candidate with depression ($p < 0.001$) and are 5 points more likely to favor a candidate with heroin addiction ($p < 0.05$) than Republican respondents are.

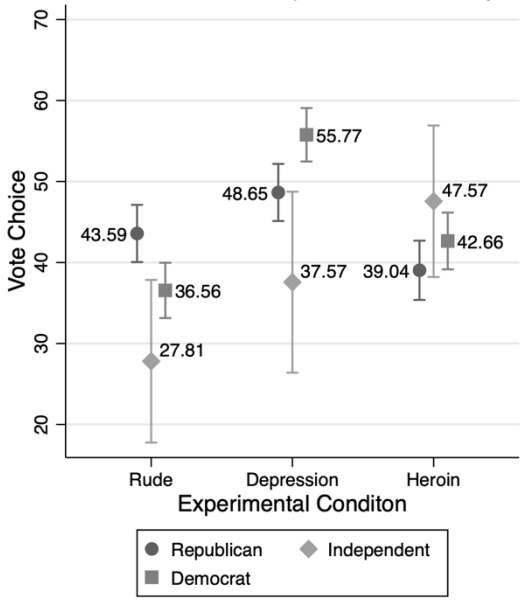
Republicans and Democrats are both more likely to vote for candidates with depression compared with candidates who are rude. Republicans are 5 points more likely to vote for the

Figure 13: Mean Level Favorability for Experimental Conditions by Party ID



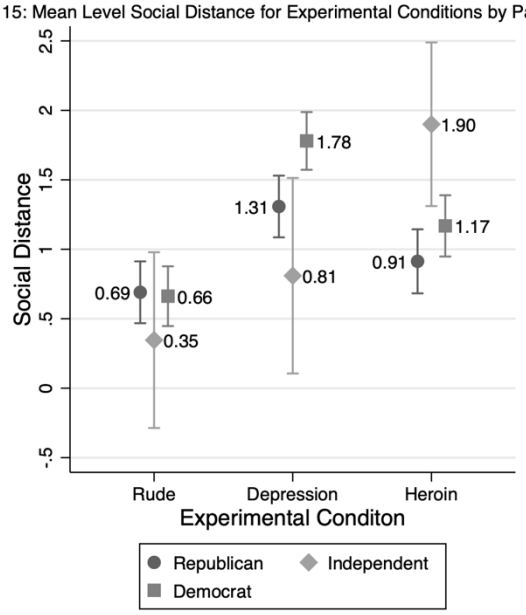
95% CIs reported, *N* = 1374 Survey Respondents
Source: 2022 Lucid Survey Experiment Conducted by Author.

Figure 14: Mean Level Vote Choice for Experimental Conditions by Party ID



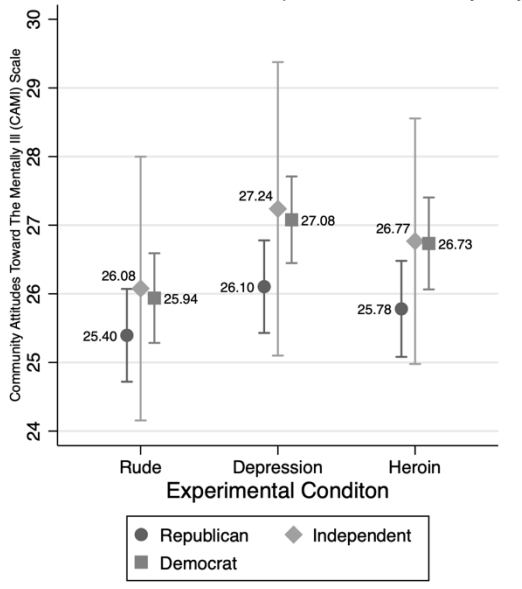
95% CIs reported, *N* = 1374 Survey Respondents
Source: 2022 Lucid Survey Experiment Conducted by Author.

Figure 15: Mean Level Social Distance for Experimental Conditions by Party ID



95% CIs reported, *N* = 1374 Survey Respondents
Source: 2022 Lucid Survey Experiment Conducted by Author.

Figure 16: Mean Level CAMI Scale for Experimental Conditions by Party ID



95% CIs reported, *N* = 1374 Survey Respondents
Source: 2022 Lucid Survey Experiment Conducted by Author.

candidate with depression ($p < 0.05$) and Democrats are about 20 points more likely to vote for the candidate with depression compared to the candidate who is rude ($p < 0.001$). For heroin addiction, the partisan differences are even more prominent. Republicans are about 5 points *less likely* to vote for the candidate with heroin addiction than the rude candidate (n.s.) and Democrats are about 6 points more likely to vote for the candidate with heroin addiction compared to the candidate who is rude ($p < 0.05$). Democratic respondents are 7 points more likely to vote for a candidate with depression ($p < 0.01$) and are 4 points more likely to vote for a candidate with heroin addiction (n.s.) than Republican respondents are.

Figures 15 and 16 examine social distance and social restrictiveness (CAMI), respectively. Republican respondents desire more social distance from candidates with depression and heroin addiction and slightly less social distance from candidates who are rude when compared to Democratic respondents. The only statistically significant result is for depression, where Democrats would agree to half an additional statement ("I would move next door to someone like Thomas Ryden," "I would recommend a person like Thomas Ryden for a job"), on average, compared to the Republican respondents ($p < 0.01$). Figure 16 shows that Democrats are more tolerant on the social restrictiveness scale (CAMI) than Republicans are, but all of these differences are statistically insignificant except for the candidate with depression. Democratic respondents want a 1.7% decrease in social restrictiveness when presented with a candidate with depression ($p < 0.05$) compared to Republican respondents.

Discussion

Contrary to my expectations, I find that voters rank rude candidates less favorably than either depression or heroin addiction and are less likely to vote for them compared to candidates

with depression—although there is no statistically significant difference between the rude candidate and the candidate with heroin addiction. In terms of voter's attributes, gender, party ID, and experiencing a mental illness in their lifetimes are all important moderators to different degrees.

Gender appears to matter for favorability and depression and is most prominent in the social restrictiveness (CAMI) measure. Women are about 4 points more likely to favor candidates with depression ($p < 0.05$) and are 3 points less likely to favor candidates with heroin addiction (n.s.) than men are. Women are about two points more likely to vote for candidates with depression (n.s.) and 3 points less likely to vote for candidates with heroin addiction (n.s.) than men are. Women desire about the same amount of social distance from candidates with depression and heroin addiction as men do (all statistically insignificant). What is surprising is that women are much less socially restrictive than men are in terms of general views of mental health. Specifically, women respondents want a 6% decrease in social restrictiveness when presented with a candidate with depression ($p < 0.001$) and a 7.5% decrease in social restrictiveness when presented with a candidate with heroin addiction compared to male respondents ($p < 0.001$).

There is a strong partisan divide with Democratic voters favoring candidates with mental illness significantly more than Republican voters. Democratic respondents are 8 points more likely to favor a candidate with depression ($p < 0.001$) and are 5 points more likely to favor a candidate with heroin addiction ($p < 0.05$) than Republican respondents are. Democratic respondents are 7 points more likely to vote for a candidate with depression ($p < 0.01$) and are 4 points more likely to vote for a candidate with heroin addiction (n.s.) than Republican respondents are. Republican respondents desire more social distance from candidates with

depression and heroin addiction and slightly less social distance from candidates who are rude when compared to Democratic respondents. The only statistically significant result is for depression, where Democrats would agree to half an additional statement ("I would move next door to someone like Thomas Ryden," "I would recommend a person like Thomas Ryden for a job"), on average, compared to Republican respondents ($p < 0.01$). Democrats are more tolerant on the social restrictiveness scale (CAMI) than Republicans are, but all of these differences are statistically insignificant except for the candidate with depression. Democratic respondents want a 1.7% decrease in social restrictiveness when presented with a candidate with depression ($p < 0.05$) compared to Republican respondents.

Finally, there are substantial results that suggest voters who have had mental illness in their lifetimes prefer candidates that descriptively represent them. Those who have had mental illness in their lifetimes are more likely to favor candidates with depression—by 6 points—($p < 0.05$) and are about 6 points more likely to vote for them ($p < 0.05$) than those who have not had mental illness in their lifetimes. Respondents who have had MI are 1.5 points more likely to favor candidates with heroin addiction (n.s.) and are about one point more likely to vote for them (n.s) compared to those who have not had mental illness in their lifetimes.

Respondents who have had mental illness in their lifetimes would agree to an additional statement ("I would move next door to someone like Thomas Ryden," "I would recommend a person like Thomas Ryden for a job"), on average, for the candidate with depression compared to respondents who have not had mental illness in their lifetimes ($p < 0.001$). Likewise, respondents who have had MI would agree to half an additional statement, on average, for the candidate with heroin addiction compared to respondents who have not had MI ($p < 0.001$). Respondents who have had mental illness in their lifetimes want about a 7% decrease in social

restrictiveness when presented with the candidate with depression ($p < 0.001$) and a 6.3% decrease in social restrictiveness when presented with the heroin addiction candidate compared to respondents who have not had mental illness in their lifetimes ($p < 0.001$).

Conclusion

This paper presents results that show there is a clear difference in acceptability in mental health conditions for politicians. Voters dislike rude candidates but appear to dislike candidates with heroin addiction too. Candidates with depression are vastly preferred. These results become stronger for certain voters with particular attributes. Democrats are far more likely to favor and vote for candidates with depression and heroin addiction than Republicans, women are more likely to favor decreased social restrictiveness compared to men, and those who have had mental illness in their lifetimes are much more likely to favor and vote for candidates with depression than those who have not had mental illness in their lifetimes.

These results have implications for politics and representation more broadly. It seems that candidates with depression fare well when compared to less socially accepted mental illnesses (heroin addiction) and other undesirable characteristics—rudeness. In a sense, this is promising but we must keep in mind that this study did not contain a "positive" control condition for comparison. A related study finds that voters are 10 percentage points less likely to vote for candidates who have depression than for those with physical illnesses (cancer and high blood pressure) (Lowen and Rheault 2019). So, it is possible that voter do not prefer candidates with depression, but simply lacked a "better" option. Future research should include a more positive control condition to get a more general sense of rankings.

In United States, mental illness has been historically gendered and racialized for certain conditions (Wright 2007; McVean 2017).[15] I did not find racial effects, but I also did not include a mental health condition that has been historically racialized (ex. Schizophrenia). I did find some gender effects (favorability and social restrictiveness) and that was stronger for the historically gendered mental health condition (depression). Future work should examine the interactive effect of historically racialized and gendered mental health conditions and whether those can be disentangled from the perceived acceptability of those conditions.

Perhaps the most interesting findings are about party ID and history of mental illness. Both of these have directly political implications. Has mental illness been partially partisan sorted into the Democratic party? When voters viewed the vignette with the hypothetical candidate did they assume the candidate's partisanship? Future extensions of this work could ask whether Democrats or Republicans are more comfortable disclosing mental illness and when viewing hypothetical candidates without a party label whether respondents are more likely to assume the candidate with mental illness is part of the Democratic party. This could also link to studies that demonstrate prejudice against women and black candidates through ratings of liberalism (McDermott 1998).

Finally, there is a fascinating question about whether voters who have experienced mental illness in their lifetimes want a representative who shares their descriptive identity. There are many fruitful avenues for future work that build from this paper.

[15] African American men have always been targets of punitive psychiatry. In 1851, Samuel A. Cartwright fabricated a mental illness called "Drapetomania," that would explain why enslaved black people fled captivity (White 2007). In the 1950s and 1960s, forced psychiatric examination periods and schizophrenia diagnoses were used to slow integration of colleges and keep black men from protesting for their civil rights ("Negro Pastor Pronounced Sane, Demands Mississippi Apologize" 1958; Metzl 2014).

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Appendix

Table 2: Two-Sample T-Tests

	Depression	Heroin	Rude
Favorability	57.372***	48.225*	44.620
	(1.177)	(1.124)	(0.989)
Vote Choice	51.786***	41.384	39.265
	(1.251)	(1.325)	(1.115)
Social Distance	1.526***	1.105***	0.657
	(0.090)	(0.077)	(0.061)
CAMI	26.651**	26.311	25.698
	(0.233)	(0.243)	(0.226)
N	473	440	461

Standard errors in parentheses
*$p < 0.5$, **$p < 0.01$, ***$p < 0.001$
Note: Two-tailed test
The comparisons are between depression and rude and heroin and rude.

Table 3: Demographics by Experimental Condition

		Depression	Heroin	Rude
Gender	Male	219	220	233
	Female	254	220	228
Party ID	Democrat	241	214	225
	Independent	21	30	26
	Republican	211	196	210
Race	Black	52	46	63
	White	335	334	320
Education	None	141	134	137
	Low	144	155	142
	Medium	134	105	125
	High	54	46	57
Age	Mean Age	45.467	46.739	44.239
N		473	440	461

The randomization appears to have worked well. There are few independents in all experimental conditions and Black respondents.

Regression Tables with Interactions

Table 4: Regression of Depression, Heroin Addiction, Rudeness and Dependent Variables by Mental Illness Status

Dependent Variables	Favorability	Vote Choice	Social Distance	Social Restrictiveness (CAMI)
	Coefficient	Coefficient	Coefficient	Coefficient
Depression	10.743*** (1.734)	10.430*** (1.941)	0.695*** (0.120)	0.757* (0.344)
Heroin Addiction	2.753 (1.775)	1.212 (1.986)	0.271* (0.123)	0.258 (0.352)
Have MI	-2.747 (2.893)	-4.026 (3.238)	-0.130 (0.201)	4.630*** (0.574)
Depression X Have MI	8.941* (3.828)	9.658* (4.285)	1.088*** (0.266)	-0.5589 (0.759)
Heroin X Have MI	4.196 (3.862)	4.833 (4.324)	0.723** (0.268)	-0.161 (0.766)
Constant	45.097*** (1.205)	39.963*** (1.349)	0.680*** (0.084)	24.895*** (0.239)
N	1,374	1,374	1,374	1,374

Standard errors in parentheses
*$p <$ 0.5, **$p < 0.01$, ***$p < 0.001$
Note: Two-tailed test
Source: 2022 Lucid Survey Experiment Conducted by Author.

Table 5: Regression of Depression, Heroin Addiction, Rudeness and Dependent Variables by Gender

Dependent Variables	Favorability	Vote Choice	Social Distance	Social Restrictiveness (CAMI)
	Coefficient	Coefficient	Coefficient	Coefficient
Depression	8.257*** (2.212)	8.525** (2.476)	0.794*** (0.156)	0.643 (0.0.465)
Heroin Addiction	2.743 (2.210)	0.909 (2.474)	0.428** (0.156)	0.126 (0.464)
Female	-4.430* (2.190)	-5.522* (2.451)	-0.250 (0.154)	1.143* (0.460)
Depression X Female	8.719** (3.081)	7.880* (3.449)	0.159 (0.217)	0.486 (0.647)
Heroin X Female	1.770 (3.133)	2.481 (3.507)	0.041 (0.221)	0.961 (0.658)
Constant	46.811*** (1.540)	41.996*** (1.724)	0.781*** (0.084)	25.133*** (0.323)
N	1,374	1,374	1,374	1,374

Standard errors in parentheses
*$p <$ 0.5, **$p < 0.01$, ***$p < 0.001$
Note: Two-tailed test
Source: 2022 Lucid Survey Experiment Conducted by Author.

Table 6: Regression of Depression, Heroin Addiction, Rudeness and Dependent Variables by Party Identification

Dependent Variables	Favorability	Vote Choice	Social Distance	Social Restrictiveness (CAMI)
	Coefficient	Coefficient	Coefficient	Coefficient
Depression	16.311* (6.850)	9.764 (7.661)	0.463 (0.482)	1.161 (1.465)
Heroin Addiction	13.926* (6.255)	19.759** (6.996)	1.5541*** (0.441)	0.690 (1.338)
Republican	14.188** (4.854)	15.778** (5.428)	0.344 (0.342)	-0.682 (1.038)
Democrat	9.937* (4.836)	8.748 (5.408)	0.316 (0.341)	-0.139 (1.035)
Depression X Republican	-10.318 (7.218)	-4.700 (8.072)	0.154 (0.508)	-0.452 (1.544)
Depression X Democrat	1.892 (7.183)	9.452 (8.034)	0.654 (0.506)	-0.020 (1.537)
Heroin X Republican	-15.941* (6.671)	-24.304** (7.461)	-1.331** (0470)	-0.304 (1.427)
Heroin X Democrat	-6.292 (6.641)	-13.651 (7.427)	-1.048* (0.468)	0.106 (1.421)
Constant	33.308*** (4.579)	27.808*** (5.121)	0.346 (0.322)	26.077*** (0.979)
N	1,374	1,374	1,374	1,374

Standard errors in parentheses
*$p <$ 0.5, **$p < 0.01$, ***$p < 0.001$
Note: Two-tailed test
Source: 2022 Lucid Survey Experiment Conducted by Author.

Multivariate Regression Tables

Table 7: Regression of Depression, Heroin Addiction, Rudeness and Favorability

	Depression	Heroin Addiction
Favorability	Coefficient	Coefficient
Depression	12.687*** (1.553)	
Heroin Addiction		3.917** (1.506)
Party ID	0.654 (0.950)	0.463 (0.939)
Ideology	-0.608 (0.881)	0.627 (0.850)
Age	0.006 (0.050)	-0.056 (0.047)
Race	-0.142 (0.478)	0.613 (0.476)
Male	-0.130 (0.024)	-3.319* (1.529)
Education	2.042 (2.418)	0.334 (2.377)
Familiarity with MI	0.040 (0.210)	-0.028 (0.203)
N	934	901

Standard errors in parentheses
*$p <$ 0.5, **$p < 0.01$, ***$p < 0.001$
Note: Two-tailed test
Source: 2022 Lucid Survey Experiment Conducted by Author.

Table 8: Regression of Depression, Heroin Addiction, Rudeness and Vote Choice

	Depression	Heroin Addiction
Vote Choice	Coefficient	Coefficient
Depression	12.635*** (1.688)	
Heroin Addiction		2.588 (1.736)
Party ID	-0.163 (1.033)	-1.378 (1.083)
Ideology	-0.599 (0.957)	-0.316 (0.980)
Age	-0.015 (0.054)	-0.111* (0.055)
Race	-0.745 (0.520)	0.628 (0.549)
Male	-1.242 (1.713)	-3.743* (1.762)
Education	4.722 (2.630)	1.440 (2.740)
Familiarity with MI	-0.051 (0.228)	-0.096 (0.233)
N	934	901

Standard errors in parentheses
*$p <$ 0.5, **$p < 0.01$, ***$p < 0.001$
Note: Two-tailed test
Source: 2022 Lucid Survey Experiment Conducted by Author.

Table 9: Regression of Depression, Heroin Addiction, Rudeness and Favorability by Respondent MI Status

	Depression		Heroin Addiction	
	Has/Had MI	No MI	Has/Had MI	No MI
Favorability	Coefficient	Coefficient	Coefficient	Coefficient
Depression	19.370*** (3.750)	10.786*** (1.699)		
Heroin Addiction			7.000* (3.474)	2.952 (1.674)
Party ID	1.162 (2.289)	0.494 (1.032)	-2.456 (2.359)	0.973 (1.018)
Ideology	-1.767 (2.055)	-0.164 (0.968)	-0.109 (1.950)	0.611 (0.946)
Age	0.203 (0.122)	-0.023 (0.055)	-0.032 (0.122)	-0.033 (0.052)
Race	-0.929 (1.130)	0.043 (0.527)	-1.116 (1.370)	0.924 (0.508)
Male	4.237 (3.738)	-1.452 (1.711)	3.912 (3.487)	-5.476** (1.688)
Education	8.492 (6.442)	0.300 (2.575)	2.325 (5.991)	-0.363 (2.582)
N	197	737	194	707

Standard errors in parentheses
*$p <$ 0.5, **$p < 0.01$, ***$p < 0.001$
Note: Two-tailed test
Source: 2022 Lucid Survey Experiment Conducted by Author.

Table 10: Regression of Depression, Heroin Addiction, Rudeness and Vote Choice by Respondent MI Status

	Depression		Heroin Addiction	
	Has/Had MI	No MI	Has/Had MI	No MI
Vote Choice	Coefficient	Coefficient	Coefficient	Coefficient
Depression	20.434*** (3.863)	10.484*** (1.884)		
Heroin Addiction			5.998 (4.148)	1.620 (1.911)
Party ID	1.655 (2.358)	-0.604 (1.145)	-3.917 (2.817)	-0.925 (1.163)
Ideology	-1.478 (2.116)	-0.262 (1.074)	-2.655 (2.328)	0.241 (1.080)
Age	0.069 (0.126)	-0.022 (0.061)	-0.086 (0.145)	-0.092 (0.060)
Race	-1.568 (1.164)	-0.557 (0.585)	-1.409 (1.635)	0.946 (0.580)
Male	1.549 (3.850)	-2.342 (1.898)	2.544 (4.163)	-5.701** (1.928)
Education	7.800 (6.636)	0.474 (2.855)	4.720 (7.154)	0.182 (2.949)
N	197	737	194	707

Standard errors in parentheses
*$p <$ 0.5, **$p < 0.01$, ***$p < 0.001$
Note: Two-tailed test
Source: 2022 Lucid Survey Experiment Conducted by Author.

Table 11: Regression of Depression, Heroin Addiction, Rudeness and Favorability by Respondent Gender

	Depression		Heroin Addiction	
	Man	Woman	Man	Woman
Vote Choice	Coefficient	Coefficient	Coefficient	Coefficient
Depression	8.506*** (2.233)	16.547*** (2.163)		
Heroin Addiction			3.063 (2.174)	4.734* (2.104)
Party ID	0.618 (1.361)	0.336 (1.325)	1.613 (1.352)	-0.864 (1.317)
Ideology	-0.442 (1.233)	-0.715 (1.258)	1.432 (1.198)	-0.307 (1.215)
Age	-0.047 (0.075)	0.069 (0.067)	-0.041 (0.073)	-0.046 (0.064)
Race	0.280 (0.713)	-0.613 (0.643)	0.556 (0.675)	0.758 (0.680)
Familiarity	-0.138 (0.291)	0.269 (0.306)	-0.224 (0.282)	0.206 (0.299)
Education	-0.664 (3.413)	5.343 (3.448)	-0.319 (3.449)	0.912 (3.410)
N	452	482	453	448

Standard errors in parentheses
*$p <$ 0.5, **$p < 0.01$, ***$p < 0.001$
Note: Two-tailed test
Source: 2022 Lucid Survey Experiment Conducted by Author.

Table 12: Regression of Depression, Heroin Addiction, Rudeness and Vote Choice by Respondent Gender

	Depression		Heroin Addiction	
	Man	Woman	Man	Woman
Vote Choice	Coefficient	Coefficient	Coefficient	Coefficient
Depression	8.548*** (2.434)	16.163*** (2.348)		
Heroin Addiction			1.127 (2.460)	4.042 (2.482)
Party ID	-1.063 (1.483)	0.332 (1.438)	-0.995 (1.530)	-1.846 (1.553)
Ideology	-0.653 (1.343)	-0.580 (1.365)	0.173 (1.355)	-0.858 (1.433)
Age	-0.009 (0.082)	-0.002 (0.073)	-0.096 (0.083)	-0.120 (0.076)
Race	0.158 (0.778)	-1.633* (0.698)	0.816 (0.764)	0.484 (0.801)
Familiarity	-0.220 (0.317)	0.125 (0.332)	-0.190 (0.319)	-0.023 (0.352)
Education	1.081 (3.720)	8.807* (3.743)	1.744 (3.902)	1.075 (4.021)
N	452	482	453	448

Standard errors in parentheses
*$p <$ 0.5, **$p < 0.01$, ***$p < 0.001$
Note: Two-tailed test
Source: 2022 Lucid Survey Experiment Conducted by Author.

Table 13: Regression of Depression, Heroin Addiction, Rudeness and Favorability by Respondent Party ID

	Depression			Heroin Addiction		
	Republican	Independent†	Democrat	Republican	Independent†	Democrat
Favorability	Coefficient	Coefficient	Coefficient	Coefficient	Coefficient	Coefficient
Depression	6.038** (2.179)	15.696 (8.369)	18.341*** (2.276)			
Heroin Addiction				-2.014 (2.128)	13.807 (6.996)	9.121*** (2.232)
Ideology	-0.363 (1.250)	-1.437 (4.572)	-0.579 (1.295)	-1.189 (1.203)	-2.431 (4.094)	3.026* (1.281)
Familiarity	-0.110 (0.296)	-0.173 (0.961)	0.197 (0.309)	0.214 (0.286)	-0.113 (0.855)	-0.194 (0.303)
Age	0.079 (0.072)	0.304 (0.291)	-0.100 (0.071)	-0.027 (0.069)	-0.218 (0.266)	-0.088 (0.068)
Race	0.559 (0.709)	0.961 (2.196)	-0.960 (0.676)	0.126 (0.741)	0.026 (1.790)	0.829 (0.667)
Male	0.046 (2.210)	2.476 (8.095)	-1.201 (2.309)	-2.728 (2.164)	-2.274 (6.880)	-4.520* (2.241)
Education	1.664 (3.422)	-12.899 (12.848)	2.363 (3.535)	-0.395 (3.381)	0.795 (11.789)	0.890 (3.493)
N	421	47	466	406	56	439

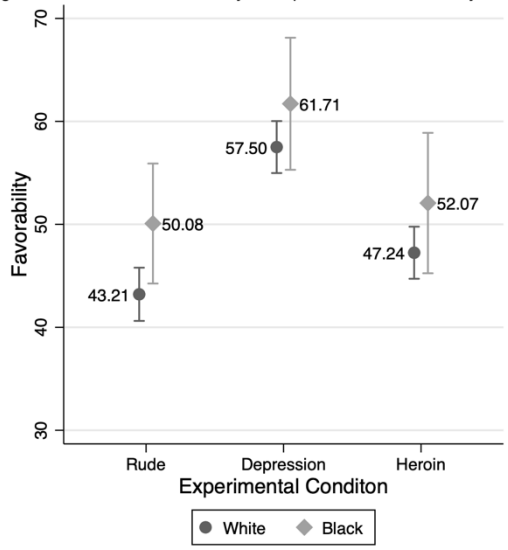
Standard errors in parentheses
*$p <$ 0.5, **$p < 0.01$, ***$p < 0.001$
Note: Two-tailed test
† Values should be interpreted with caution due to small sample size.
Source: 2022 Lucid Survey Experiment Conducted by Author.

Table 14: Regression of Depression, Heroin Addiction, Rudeness and Vote Choice by Respondent Party ID

	Depression			Heroin Addiction		
	Republican	Independent†	Democrat	Republican	Independent†	Democrat
Vote Choice	Coefficient	Coefficient	Coefficient	Coefficient	Coefficient	Coefficient
Depression	5.013* (2.387)	7.755 (9.740)	19.566*** (2.424)			
Heroin Addiction				-4.328 (2.552)	21.046* (8.088)	7.566** (2.503)
Ideology	-0.0056 (1.369)	1.362 (5.321)	-1.166 (1.379)	-1.199 (1.443)	-4.348 (4.732)	1.215 (1.437)
Familiarity	-0.092 (0.324)	0.011 (1.119)	-0.078 (0.329)	0.156 (0.343)	-0.546 (0.988)	-0.315 (0.340)
Age	0.033 (0.079)	0.387 (0.339)	-0.119 (0.075)	-0.113 (0.082)	0.047 (0.307)	-0.136 (0.077)
Race	0.282 (0.777)	-0.092 (2.556)	-1.680* (0.720)	0.441 (0.889)	0.147 (2.069)	0.544 (0.748)
Male	-2.180 (2.422)	-8.180 (9.422)	-0.219 (2.460)	-4.328 (2.596)	3.374 (7.953)	-4.207 (2.513)
Education	3.923 (3.749)	-1.048 (14.953)	4.637 (3.765)	2.012 (4.056)	-11.650 (13.628)	1.456 (3.917)
N	421	47	466	406	56	439

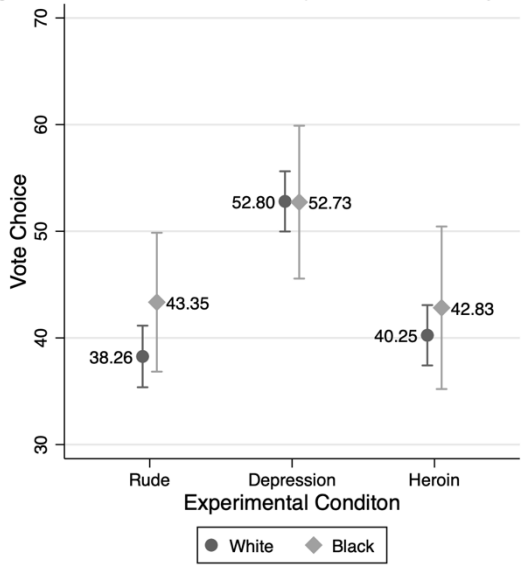
Standard errors in parentheses
*$p <$ 0.5, **$p < 0.01$, ***$p < 0.001$
Note: Two-tailed test
† Values should be interpreted with caution due to small sample size.
Source: 2022 Lucid Survey Experiment Conducted by Author.

Figure 17: Mean Level Favorability for Experimental Conditions by Race



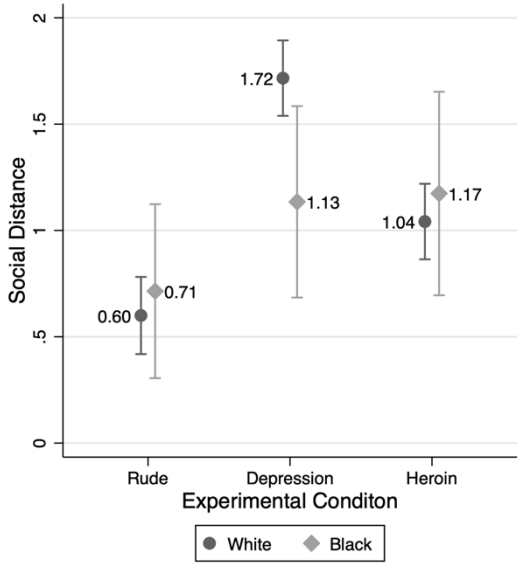
95% CIs reported, *N* = 1150 Survey Respondents
Source: 2022 Lucid Survey Experiment Conducted by Author.

Figure 18: Mean Level Vote Choice for Experimental Conditions by Race



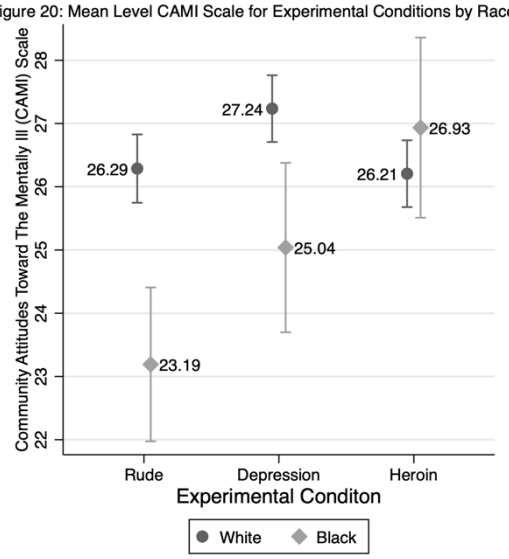
95% CIs reported, *N* = 1150 Survey Respondents
Source: 2022 Lucid Survey Experiment Conducted by Author.

Figure 19: Mean Level Social Distance for Experimental Conditions by Race



95% CIs reported, *N* = 1150 Survey Respondents
Source: 2022 Lucid Survey Experiment Conducted by Author.

Figure 20: Mean Level CAMI Scale for Experimental Conditions by Race



95% CIs reported, *N* = 1150 Survey Respondents
Source: 2022 Lucid Survey Experiment Conducted by Author.

Survey Instrument

IRB Consent

Informed Consent Agreement: University of Virginia Study #4858

Study Title: Health and Political Behavior

Please read this consent agreement carefully before you decide to participate in the study. You may print this agreement for your records or later reference.

Purpose of the research study: The purpose of the study is to gather information about people's opinions on certain health conditions and their attitudes toward politicians.
What you will do: You will fill out questions pertaining to some background information, certain health conditions and your attitudes toward politicians.

Time required: This survey should take approximately 6-9 minutes.
Risks: There are no risks associated with taking part in this study.
Benefits: There are no direct benefits to you for participating in this research study.
Confidentiality: The information that you give in the study will be anonymous.
Voluntary participation: Your participation in the study is completely voluntary.
Right to withdraw from the study: You have the right to withdraw from the study at any time without penalty. Because data are anonymous, you may not withdraw after the data is submitted. Payment will not be given for incomplete or unfinished surveys.

How to withdraw from the study: Your participation in this study will not be finalized until you have completed it. You can withdraw at any time by closing the browser window.

Payment: You will receive payment for completing the study. Incomplete or unfinished surveys will not receive payment.

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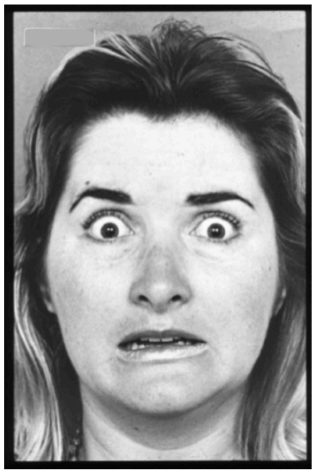
To obtain more information about the study, ask questions about the research procedures, express concerns about your participation, or report illness, injury or other problems, please contact:

Tonya R. Moon, Ph.D.
Chair, Institutional Review Board for the Social and Behavioral Sciences
One Morton Dr Suite 500 University of Virginia, P.O. Box 800392 Charlottesville, VA 22908- 0392
Telephone: (434) 924-5999
Email: irbsbshelp@virginia.edu
Website: https://research.virginia.edu/irb-sbs
Website for Research Participants: https://research.virginia.edu/research-participants
If you wish to make inquiries about your rights in the study, please reference IRB-SBS study: 4858

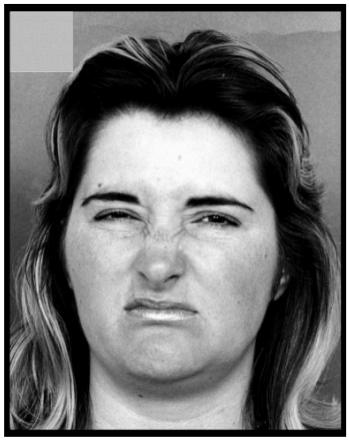
Please check this box to indicate that you are 18 or older, that you have read the above information, and that you are willing to take part in the study.

I Consent

Here is a picture of someone who is **AFRAID**. We would like you to describe in general things that make you feel like the person in the picture. It is okay if you don't remember all the details, just be specific about what exactly it is that makes you **AFRAID** and what it feels like to be **AFRAID**. Please describe the events that make you feel the **MOST AFRAID**, these experiences could have occurred in the past or will happen in the future. If you can, write your description so that someone reading it might even feel **AFRAID**. Please write a few sentences.



Here is a picture of someone who is **DISGUSTED**. We would like you to describe in general things that make you feel like the person in the picture. It is okay if you don't remember all the details, just be specific about what exactly it is that makes you **DISGUSTED** and what it feels like to be **DISGUSTED**. Please describe the events that make you feel the **MOST DISGUSTED**, these experiences could have occurred in the past or will happen in the future. If you can, write your description so that someone reading it might even feel **DISGUSTED**. Please write a few sentences.



Now we would like you to describe in general things that make you feel **RELAXED**. It is okay if you don't remember all the details, just be specific about what exactly it is that makes you **RELAXED** and what it feels like to be **RELAXED**. Please describe the events that make you feel the **MOST RELAXED**, these experiences could have occurred in the past or will happen in the future. If you can, write your description so that someone reading it might even feel **RELAXED**. Please write a few sentences.

Prompt

Please read the following article. After you finish, we will ask you some questions about it.

Contenders for FL House Seat, Thomas Ryden and Daniel Young, Exchange Insults About Ryden's Heroin Addiction

The Florida congressional elections are heating up with exchanged insults between political rivals Thomas Ryden and Daniel Young. This controversy began when Young was asked about Ryden's history with heroin addiction in an interview with Politico last Thursday.

Thomas Ryden responding to the remarks Daniel Young made in an interview with Politico last Thursday. Taylor Glass for The New York Times

By Lewis C. Willmett
Oct. 29, 2021

WASHINGTON — In response to the question, "What do you think about Mr. Ryden's history of alcoholism and drug addiction?" Mr. Young responded by saying, "Quite frankly, I think it's sickening. You have these people who are supposed to be role models for our children and instead they're role models for recreational drugs and we're all supposed to think that's okay?" Mr. Young continued by saying, "In some cases it's not about getting them help and being their friends—it's about arresting them, taking their drugs, and making them take responsibility for their actions." He was further asked whether he thought that policy should apply to Mr. Ryden and he stated that he thought drug testing elected officials was a good idea.

Mr. Ryden revealed last year that he had been struggling with drug addiction since he was a teenager. Mr. Ryden responded to Mr. Young's remarks by saying, "Someone that does not have a single ounce of understanding or compassion has no business holding public office."

Mr. Young immediately replied via social media saying, "Someone who is one lapse, one dirty injection, one moment of weakness away from altered decision-making is simply undermining the integrity of the US political machine and has no business holding public office." For the moment, Mr. Ryden has the final word when he stated he would not engage with bigots when reporters asked his opinion about the social media post yesterday.

Contenders for FL House Seat, Thomas Ryden and Daniel Young, Exchange Insults About Ryden's Depression

The Florida congressional elections are heating up with exchanged insults between political rivals Thomas Ryden and Daniel Young. This controversy began when Young was asked about Ryden's history with depression in an interview with Politico last Thursday.

Thomas Ryden responding to the remarks Daniel Young made in an interview with Politico last Thursday. Taylor Glass for The New York Times

By Lewis C. Willmett
Oct. 29, 2021

WASHINGTON — In response to the question, "What do you think about Mr. Ryden's history of depression?" Mr. Young responded by saying, "Quite frankly, I think it's sickening. You have these people who are supposed to be role models for our children and instead they're role models for laziness and absenteeism and we're all supposed to think that's okay?" Mr. Young continued by saying, "In some cases it's not about getting them help and being their friends—it's about punishing them and making them take responsibility for their actions." He was further asked whether he thought that policy should apply to Mr. Ryden and he stated that he thought fining elected officials for absenteeism was a good idea.

Mr. Ryden revealed last year that he had been struggling with depression since he was a teenager. Mr. Ryden responded to Mr. Young's remarks by saying, "Someone that does not have a single ounce of understanding or compassion has no business holding public office."

Mr. Young immediately replied via social media saying, "Someone who regularly cannot get out of bed and may have altered decision-making is simply undermining the integrity of the US political machine and has no business holding public office." For the moment, Mr. Ryden has the final word when he stated he would not engage with bigots when reporters asked his opinion about the social media post yesterday.

Contenders for FL House Seat, Thomas Ryden and Daniel Young, Exchange Insults

The Florida congressional elections are heating up with exchanged insults between political rivals Thomas Ryden and Daniel Young. This controversy began when Young was asked about Ryden's conduct in an interview with Politico last Thursday.

Thomas Ryden responding to the remarks Daniel Young made in an interview with Politico last Thursday. Taylor Glass for The New York Times

By Lewis C. Willmett
Oct. 29, 2021

WASHINGTON — In response to the question, "What do you think about Mr. Ryden's conduct?" Mr. Young responded by saying, "Quite frankly, I think it's sickening. You have these people who are supposed to be role models for our children and instead they're role models for incivility and we're all supposed to think that's okay?" Mr. Young continued by saying, "In some cases it's not about being their friends—it's about punishing them and making them take responsibility for their actions." He was further asked whether he thought that policy should apply to Mr. Ryden and he stated that he thought exposing uncivilized behaviors in elected officials was a good idea.

Mr. Ryden responded to Mr. Young's remarks by saying, "It was only an offhand remark and someone that does not have a single ounce of understanding or compassion has no business holding public office."

Mr. Young immediately replied via social media saying, "Someone like that is simply undermining the integrity of the US political machine and has no business holding public office." For the moment, Mr. Ryden has the final word when he stated he would not engage with bigots when reporters asked his opinion about the social media post yesterday.

Attention Check-Heroin

What condition was discussed in the New York Times article you just read?

Diabetes
Depression
Insomnia
Heroin addiction

Attention Check-Depression

What condition was discussed in the New York Times article you just read?

Diabetes
Depression
Insomnia
Heroin addiction

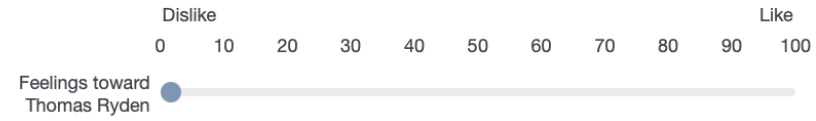
Attention Check-Rude

What condition was discussed in the New York Times article you just read?

Diabetes
Depression
Uncivil behavior
Heroin addiction

Vote Choice & Favorability

We'd like to get your feelings toward Thomas Ryden on a "feeling thermometer." A rating of zero degrees means you feel as cold and negative as possible. A rating of 100 degrees means you feel as warm and positive as possible. You would rate Thomas Ryden at 50 degrees if you don't feel particularly positive or negative toward them.



If you lived in Thomas Ryden's district, how likely do you think you would be to vote for him in the 2022 election?

Please read each of the following statements carefully. After you have read all the statements below, select the statements that apply to you.

I would be willing to start work with a person like Thomas Ryden
I would like to move next door to a person like Thomas Ryden
I would make friends with a person like Thomas Ryden
I would rent a room to a person like Thomas Ryden
I would recommend a person like Thomas Ryden for a job
I would like my child to marry a person like Thomas Ryden
I would trust a person like Thomas Ryden to take care of my child
None of the above

Candidate Traits

Please read each phrase about Thomas Ryden and evaluate whether each phrase describes Thomas Ryden extremely well, quite well, not too well, or not well at all.

	Extremely well	Quite well	Not too well	Not well at all
He is warm	○	○	○	○
He is moral	○	○	○	○
He is dangerous	○	○	○	○
He is competent	○	○	○	○
He is unreliable	○	○	○	○

Mental Health Attribution

How likely do you think it is that Thomas Ryden's situation is caused by his bad character?

Very likely
Likely
Neither likely nor unlikely
Unlikely
Very unlikely

How likely do you think it is that Thomas Ryden's situation is caused by a chemical imbalance in his brain?

Very likely
Likely
Neither likely nor unlikely
Unlikely
Very unlikely

How likely do you think it is that Thomas Ryden's situation is caused by stressful circumstances in his life?

Very likely
Likely
Neither likely nor unlikely
Unlikely
Very unlikely

How likely do you think it is that Thomas Ryden's situation is caused by a genetic or inherited problem?

Very likely
Likely
Neither likely nor unlikely
Unlikely
Very unlikely

How likely do you think it is that Thomas Ryden's situation is caused by God's will?

Very likely
Likely
Neither likely nor unlikely
Unlikely
Very unlikely

How likely do you think it is that Thomas Ryden's situation is caused by the way he was raised?

Very likely
Likely
Neither likely nor unlikely
Unlikely
Very unlikely

MI Familiarity

Please read each of the following statements carefully. After you have read all the statements below, select all statements that depict your exposure to persons with a mental illness.

I have never observed a person that I was aware had a mental illness.
I have observed, in passing, a person I believe may have had a mental illness.
I have watched a movie or television show in which a character depicted a person with mental illness.
I have watched a documentary on the television about mental illness.
I have observed persons with a mental illness on a frequent basis.
I have worked with a person who had a mental illness at my place of employment.
A job I have had included providing services to persons with a mental illness.
A job I have had involved providing services or treatment for persons with a mental illness.
A friend of the family has or had a mental illness.
I have a relative who has or had a mental illness.
I live or lived with a person who has a mental illness.
I have or had a mental illness in my lifetime.

CAMI Social Restrictiveness Sub-scale

For each of the following statements, please indicate the extent to which you agree or disagree.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The mentally ill should not be given any responsibility.	○	○	○	○	○
No one has the right to exclude the mentally ill from their neighborhood.	○	○	○	○	○
The mentally ill should not be denied their individual rights.	○	○	○	○	○
I would not want to live next door to someone who has been mentally ill.	○	○	○	○	○
A woman would be foolish to marry a man who has suffered from mental illness, even though he seems fully recovered.	○	○	○	○	○
The mentally ill are far less of a danger than most people suppose.	○	○	○	○	○
The mentally ill should be isolated from the rest of the community.	○	○	○	○	○

Background Characteristics

In general, how would you describe your own political viewpoint?

Very liberal
Liberal
Moderate
Conservative
Very conservative

Generally speaking, do you usually think of yourself as a Republican, a Democrat, an Independent, or what?

Democrat
Republican
Independent
Other

Would you call yourself a **strong** Democrat or a **not very strong** Democrat?

Strong Democrat
Not very strong Democrat

Would you call yourself a **strong** Republican or a **not very strong** Republican?

Strong Republican
Not very strong Republican

Do you think of yourself as **closer to** the Republican Party or to the Democratic Party?

Republican Party
Democratic Party

Seriously

We sometimes find people don't always take surveys seriously, instead providing humorous, or insincere responses to questions. How often do you do this?

Never
Rarely
Some of the time
Most of the time
Always

Feedback

Do you have any additional comments about politicians who have mental illness and/or their fitness to hold political office?

Debrief

Health and Political Behavior: Debrief

PI: Lauren Van De Hey, Ph.D. Student
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Thank you for taking the time to participate in this study.

Purpose: The purpose of this study is understanding how emotional induction primes certain considerations and how these considerations alter perceptions of political candidates with mental illnesses and whether that leads to differences in candidate favorability, vote choice, character traits, and perceptions of mental illness.

Hypotheses: I expect that candidates who have substance use disorders (heroin addiction) or depression will have lower favorability and vote choice evaluations than candidates with no mental illnesses. I expect that inducing fear or disgust (compared to relaxed) will lead to lower evaluations of candidate favorability and vote choice for candidates with substance use disorders (heroin addiction) or depression compared to those without a mental illness.

Deception: The New York Times article that you read near the beginning of the study was fictional. None of the facts of the news story were true. You were randomly assigned to read an article about political candidates exchanging insults over the candidate's depression, heroin addiction, or unspecified bad behavior. This deception was necessary to determine how a political candidate who has a mental illness affects attitudes on favorability, vote choice, character traits, and mental illness. This process ensures that the only difference among articles are the type of mental illness the political candidate has. The PI will evaluate whether there are differences in favorability, vote choice, character traits, and mental illness depending on which article was read and whether you wrote about disgust, fear, or being relaxed at the beginning of the study.

If you have further questions about the study, please contact Lauren Van De Hey at ljv2wk@virginia.edu. In addition, if you have any concerns about any aspect of the study, you may contact Tonya Moon, Ph.D., Chair, Institutional Review Board for the Social and Behavioral Sciences, One Morton Drive, Suite 500, University of Virginia, P.O. Box 800392, Charlottesville, VA 22908-0392. Telephone: (434) 924-5999. Email: irbsbshelp@virginia.edu. Website: www.virginia.edu/vpr/irb/sbs.

If you feel upset after having completed the study or find that some questions or aspects of the study triggered distress, talking with a qualified clinician may help. If you feel you would like assistance please contact the Substance Abuse and Mental Health Services Administration's National Helpline at (800) 662-4357, or the National Suicide Prevention Lifeline at (800) 273-8255.