

Podcasting Mental Disorder to reduce Stigmatization: The potential of Parasocial Relationship

Master Thesis

Podcasting Mental Disorder to reduce Stigmatization: The potential of Parasocial Relationship

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Abstract

Background. The present study aimed to investigate how participants within this study experience the PSR related factors, after watching a podcast episode featuring mental disorders. These factors are named: identification, parasocial interaction, authenticity, intimacy, and attractiveness. A PSR can be defined as an imaginary, one-sided relationship between a media figure and the audience. **Method.** The qualitative and explorative study design used two focus groups with four participants each. During the focus groups, the participants watched two podcasts, with two different mental disorders. **Results.** All five factors were found. The factor of identification was supported by the subcodes, identification with behaviour, - struggles, and - symptoms. Parasocial interaction consisted of speech pattern, content, and social deixis. For authenticity, the subcodes honesty and representation of character were found. The subcodes of self-disclosure and sensitivity of topics were identified in the context of the factor intimacy. The factor of attractiveness was sorted according to the attractiveness of behaviour and beliefs of the podcast hosts. Lastly, the effect of curiosity was identified. **Conclusion.** Lower levels of identification combined with high levels of parasocial interaction, authenticity, intimacy, and attractiveness could be attributed to episode (B). This combination of PSR factors had the effect of curiosity. According to episode (A), all five factors were present and consisted of high levels each but without the effect of curiosity. A repetition of the present study, with a focus on the factor identification, would give useful insights into the present findings. The factor of identification has been shown to lead to contrasting results according to the different podcast episodes.

Introduction

Background

The following sections will give a detailed overview of stigmatization and its impact. Moreover, the use of podcasts in relation to reducing the stigmatization of mental disorders will be investigated. Lastly, the underlying mechanism of parasocial relationships (PSR) in context with podcasting mental disorders will be explored in detail.

The stigmatization of mentally ill people has gone a long way till today. History shows that people suffering from mental disorders were misunderstood, mistreated, and excluded from society (Stuart, 2012; Arboleda-Flórez & Stuart, 2012). The idea of people with mental disorders being unpredictable, dangerous, and enacting madness is still present in our modern society (Haghihat, 2001). In general, stigma is defined as a characteristic or attribute contrary to the social norm and conveys a social identity devalued by society (Stafford & Scott, 1986; Crocker & Lutsky, 1986). Jones (1984) proposed that this attribute or characteristic is about undesirable behavior devalued according to the social norm. Link and Phelan (2001) added discrimination as a central value of stigmatization, especially within mental disorders.

The impact of stigmatization

People suffering from mental illnesses must work against the stigma, which means they experience challenges finding a job, living independently, or enacting a satisfactory quality of life (Rüsch, Angermeyer & Corrigan, 2005). The process of labelling, distinguishing, and separating leads to disapproval, rejection, and discrimination of the labelled person (Stafford & Scott, 1986). People suffering from stigmatization apply negative beliefs, like character

Podcasting Mental Disorder to reduce Stigmatization: The potential of Parasocial Relationship weakness, incompetence, low self-esteem and self-efficacy, failure in work and housing opportunities upon themselves (Corrigan & Watson, 2002; Link et al., 2001; Klin & Lemisch, 2008). This facilitates status loss and unequal outcomes for the labelled person (Bruce & Phelan, 2001). Stigmatization has multifaceted reasoning behind excluding people with mental disorders (Haghihat, 2001).

Furthermore, stigmatization leads to an increase of suicidality in the population suffering from mental disorders (Rüsch, Zlati, Black & Thornicroft, 2014). People suffering from disorders like obsessive-compulsive disorder (OCD), schizophrenia, or dissociative-identity disorder (DID) experience rejection in private and work life (Elvevag & Goldberg, 2000; Stengler-Wenzke, Beck, Holzinger & Angermeyer 2004; Durna, Yorulmaz & Aktac, 2019). Whereas people with DID have a public stigma dominated by unpredictability and dangerousness, OCD is associated with suffering and the need for help (Goodwin, 2013; Chasson, Guy, Bates & Corrigan, 2018; Stengler-Wenzke, Trosbach, Dietrich & Angermeyer, 2004).

Media and the stigma

The media plays a vital role in fostering and maintenance of public stigma. Not only the scope but also the content used from history determine the discourse of modern stigma. Media portrayal of mentally ill people rakes new stigmas (Stuart, 2012). The way mental disorders are displayed, positively or negatively, influences the audience to either develop a new stigma or to reduce the level of stigmatization (Salter & Byrne, 2000; Corrigan & Rap, 2012; Corrigan, Powell & Michaels 2013). Negative imagery with madness and horrifying illustrations of psychiatric treatment and behavior are still dominant and support existing stigmas (Signorielli,

Podcasting Mental Disorder to reduce Stigmatization: The potential of Parasocial Relationship (1989; Diefenbach, 1997; Angermeyer & Dietrich, 2006). Inaccuracy in media portrayals of mental health disorders, lead to public and self-stigmatization (Pirkis, Warwick Blood, Francis & McCallum, 2006; Wedding, Boyd & Niemiec, 2010; Goodwin, 2013).

As media is one of the reasons why stigmatization of people with mental disorders persists and emerges, it may also be the tool to elucidate the general population and enable de-stigmatization (Salter & Byrne, 2000; Corrigan & Rap, 2012). Arboleda-Flórez et al. (2012) described education as the main force to counteract stigmatization. Hoffner and Cohen (2018) explored the mental health-related outcomes from the suicide of the beloved actor Robin Williams. Robin Williams suffered from depression and his suicide had the effect to increase awareness about depressions (Hoffner & Cohen, 2018). Media portrayals of people suffering from mental health disorders could help reduce general stigma and encourage others to seek help (Niederkrötenhaler, Reidenberg, Till, & Gould, 2014).

The Power of Parasocial Relationships in Podcasting

Podcasting is a relatively new medium gaining popularity over time, primarily because of its immersive nature (Schlütz & Hedder, 2021). Podcasting is not only gaining popularity in the vast society but also in research. Kaplan and colleagues (2020) investigated the growing trend of podcasting in context with education. They concluded that the learning effectiveness is higher when using podcasts in which private stories are told than traditional lectures.

An interesting study from Kosyluk et al. (2020) showed how podcasting can challenge stigmatization. They researched the stigma reduction program “This is my brave”, in which participants told their stories about living with the symptoms and stigma of mental disorders. The participants in the study were ordinary people without symptoms. They watched three podcast

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episodes, “This is my brave”, and answered several questionnaires regarding discrimination, personal stigma, differences, and empowerment (Kosyluk et al., 2020). Their results indicated that this intervention effectively challenges stigmatization by reducing social distance between people without symptoms to people with symptoms. Hence, podcasting in context with mental illnesses can give a more realistic picture of what living with a mental disorder might be about, reducing the distance between people with and without symptoms (Kim & Jia, 2020 Kosyluk et al., 2020).

Several studies have explored the possible use of storytelling through podcasting on destigmatizing mental disorders (e.g., Pavelko & Myrick, 2020; Kosyluk et al., 2020; Kim & Jia, 2020). Pavelko and Myrick investigated the potential value of podcasting in context with mental disorders. They used the podcast “My Favourite Murder”, which can be aligned with the genre of ‘true crimes’, in which real homicides are investigated and explained. The study of Pavelko and Myrick (2020) focused on the podcast host who dealt with addiction and anxiety problems throughout his life. The most crucial factor was identifying and bonding a parasocial relationship with the character (Pavelko & Myrick, 2020). They focused exclusively on people suffering from symptoms of mental disorders. Their findings suggested, the more the audience could identify with a character, the more positive health outcome in form of help-seeking behaviour were noted. Furthermore, feelings of being understood and increased well-being could be noted in listeners (Pavelko & Myrick, 2020).

The educational properties of podcasting can be used to address and reduce stigmatization in the context of mental disorders (Kaplan, Verma & Sargsyan 2020). Moreover, podcasts can enable the audience to develop a bond with the podcast host (Pavelko & Myrick, 2020). Such a bond can best be described as PSR. Horton and Wohl (1956) can be described as

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the founding fathers of the terminology of PSR. They defined PSR as an imaginary, one-sided relationship the viewer of, for example, a podcast, develops towards the character displayed (Horton & Wohl, 1956). Given the potential positive impact of podcast in reducing stigmatization, it is of value to investigate the underlying mechanic that makes podcasting a valuable medium to address stigma and educate many people. In this context, the power of developing a PSR might be the fundament for these positive effects. Literature shows that PSR is not limited to prominent mass media idols but also can be transmitted through podcasting (Park et al., Nadora, 2019; Schlütz & Hedder, 2021). Fostering such a relationship has been shown to reduce stigmatization by decreasing social distance and increasing well-being, social support, empathy, and help-seeking behaviour (Niederkrötenhaler, Reidenberg, Till, & Gould, 2014; Park et al., 2016; Nadora, 2019; Schlütz & Hedder, 2021).

The Framework of Parasocial Relationship

Adopting the podcast host's attitude, values, beliefs, and behaviours over a more extended period can be described as bonding a PSR (Horton & Wohl, 1956). The study of Schlütz and Hedder (2021) gives insights into factors contributing to a PSR. They measured PSR in a quantitative research design. In their study participants listened to several podcasts and tested which characteristics of a podcast host can promote a PSR. Schlütz and Hedder (2021) identified five factors that contribute to a PSR, namely: identification, (parasocial)- interaction, authenticity, intimacy, and attractiveness. *Identification* is the relation of the listener towards the host's values, beliefs, attitudes, and behaviour (Nodora, 2019). Horton and Wohl (1956) defined *parasocial interaction* as one-sided communication from the podcast host onto the audience.

Giles (2002) identified two functions of *parasocial interaction*, namely: companionship and personal identity. Whereas companionship can be aligned with empathic thoughts towards the host, personal identity can be associated with adopting the host's attitudes (McQuail, 1972) and values (Brown & Basil 2010). An example of *parasocial interaction* might be when the podcast host directly addresses or greets the audience within an episode. *Authenticity* is the degree to which the podcast host is judged as a believable persona (Hartmann, 2008). Moreover, the level of authenticity is closely related to the perceived honesty of the podcast host (Schlütz & Hedder, 2021). Perks and Turner (2019) defined *intimacy* as the degree to which the podcast host shares personal and sensitive themes. Finally, *attractiveness* can be separated into three dimensions, physical, social, and behavioural. Only social and behavioural beauty was found to reliably contribute to a PSR (Schlütz & Hedder, 2021).

Present Study

The stigmatization of mental disorders has severe negative impacts on people suffering from mental disorders (Corrigan & Watson, 2002; Link et al., 2001). Common media formats like podcasts have the power to address and reduce stigmatization (Pavelko & Myrick, 2020, Schlütz & Hedder, 2021). The development of a PSR has been shown to actively decrease levels of stigmatization (Niederkrötenhaler, Reidenberg, Till, & Gould, 2014; Park et al., 2016). Therefore, the present study investigates the PSR related factors in context with podcasting mental disorders. The focus of this research was to explore how participants experience the PSR related factors when people without a mental disorder watch a podcast about mental disorders. The presence of a PSR between outsiders and people with mental disorders and the potential effects have not yet been researched thoroughly. Previous research focused mostly on people

Podcasting Mental Disorder to reduce Stigmatization: The potential of Parasocial Relationship with mental disorders as audience and podcast hosts, in context with the PSR factors (Niederkrotenthaler, Reidenberg, Till, & Gould, 2014; Park et al., 2016; Nadora, 2019; Schlütz & Hedder, 2021). Investigating this research gap will give further insights into the framework of PSR and its potential to reduce stigmatization through mental-health-related podcasts.

Research question:

- (I) How do people without a mental disorder experience each of the PSR factors after watching a podcast about mental disorders?

Methods

To answer the previously mentioned research question, two podcast episodes were selected. Furthermore, two focus groups were conducted in which people without mental disorders listened to the podcast episodes and reflected on them. First, the selection procedure of both podcasts will be described in the following sections. Then, the design of the focus groups will be explained.

Podcast selection

The following selection criteria screened over 20 podcasts to select fitting podcast episodes for the present study. First, the data collection aimed to identify two different podcast episodes. This criterion was chosen to make inferences about how the PSR factors are represented towards two differentiating mental disorders. Using differentiating mental disorders

Podcasting Mental Disorder to reduce Stigmatization: The potential of Parasocial Relationship was expected to enrich this study, by adding depth and diversity towards the aspects of mental disorder in podcasts. The choice of the first podcast episode should be determined by a disorder that is easy to relate to for the audience. The second podcast episode should be harder to connect to by, for example, featuring a less prevalent disorder and therefore expected to be less known.

Secondly, the podcast host should be the only character who is focused on during the podcast. The participants within the focus group should be able to solely focus on the character. The ability to focus on the character makes a more obvious inference in how PSR factors were experienced after watching the episode. An interviewer could be part of the podcast but should not remain present the whole episode. Therefore, this criterion was chosen to create a more realistic picture of the disorder.

Thirdly, the selected episode should show the daily routine and interaction with ordinary people during the story. This criterion was chosen to allow outsiders a view into the lifestyle and struggles accompanied by a mental disorder. Presenting the daily routine of the podcast host enabled a more comprehensive picture of the podcast host's life in general. Other selection criteria were the use of the German language and free access to podcast episodes. After excluding 16 podcasts, only four episodes remained within the selection criteria. Out of the four fitting episodes, two episodes of one podcast, Trudoku, were chosen considering the overall aim of this data collection. One episode dealt with the topic OCD, whereas the other podcast displayed a dissociative identity disorder (DID). The audience was expected to relate to the symptomatic more easily of the first than to the latter.

The podcast Trudoku is part of a more extensive German network called Funk, powered by ARD, Das Erste and ZDF. Trudoku is a media that is mainly composed of different documentaries containing many various topics. Those topics include mental health issues, drug

Podcasting Mental Disorder to reduce Stigmatization: The potential of Parasocial Relationship use and inspiring personalities. These videos were used to help other people suffering from many different things. They uploaded 84 podcasts and had an average viewer count of over 150 thousand people and 161 thousand YouTube subscribers. Two episodes were chosen for this study, namely “Die Zwangsstörung macht mein leben zur Hölle” (My obsessive-compulsive disorder makes my life like hell) and “Dissoziative Identitätsstörung: Jessy Lebt mit 7 Persönlichkeiten” (DID: Jessy is living with 7 Personalities). The specific episodes were chosen according to the criteria mentioned above. They display the daily hassle of somebody living with OCD and DID to show what the disorder is about.

In the first episode, the protagonist Kathrin was followed through a typical day of hers. This included her morning routine and her daily settlements like going to the supermarket. Her thoughts were explored during the episode and how she managed her symptoms throughout the day. The second episode displayed the daily life of Jessie, who is living with DID. During the episode, the life of Jessie regarding her disorder was explored, more inclusively, how she handles the disorder privately and in public. Kathrin's episode involved how she managed her life with her illnesses. Jessie's episode featured a more severe mental disorder. She retold her episodes of her DID and how she and her environment managed her different personalities.

Focus group design

Participants

The method of participant selection for the focus groups went according to purposeful sampling (Suri, 2011). Focus groups can best be described as in-depth group interviews, in which the participants focus on a certain topic (Thomas et al., 1995). The aim of selection was

denoted by different inclusion and exclusion criteria. First, it was expected that none of the participants was familiar with mental disorders. Secondly, the participants were selected according to their gender, meaning that the focus group should be balanced. Thirdly, to increase the generalizability of the study, a variety of different occupations were selected. 4 participants were chosen for each focus group. The researcher used various social media platforms (e.g., Facebook, Instagram) to ask for volunteers. A short description of the topic and length was advertised to describe the procedure and meaning of the study. The replies were then sorted according to the previously mentioned inclusion criteria to increase the variability within the focus groups.

Before participation, the potential participants received a questionnaire, via Qualtrics. The questionnaire was intended to check for potential reasons of exclusion from this study for example if one participant has expert knowledge about mental disorders. Additionally, this questionnaire serves as a description of participants. Questions derived from the questionnaire can be found in appendix A. None of the participants suffered from a mental disorder. Only one participant knows a person suffering from a mental disorder, personally. Other participants indicate to only have little to no contact at all with people suffering from mental disorders. All participants knew at least one mental disorder. Mentioned disorders were for example depression, burnout, schizophrenia, or bipolar disorder. Indicated symptoms were severe sadness, depression, and general exhaustion for burnout. None of the participants indicated a certain stigma against people with mental disorders.

Table 1

Demographic Statistics of Participants

Name*	Age	Gender	Occupation
1. Focus Group			
Peter	21	Male	Banker
Joanne	24	Female	Gardener
Nicklas	26	Male	Chemistry Student
Sarah	25	Female	Job Center Agent
2. Focus Group			
Joachim	27	Male	Caregiver
Melina	19	Female	Law Student
Jeff	22	Male	Mechanic
Sophia	25	Female	Unemployed

Note. *The originals names are changed into fictional one's to respect the anonymity of participation

Procedure

First, participants in both focus groups were asked to view the two episodes but in a different order. Participants watched the episode together with the whole focus group. This enabled the researcher to look out for any disturbing factors (e.g., cell phones, loud noises, or conversations) and watch both episodes attentively.

The overall procedure of the two focus groups would only differ in the sequence they watched the episodes, to rule out the effect of watching the episode first or second. Afterwards, all participants within one focus group held an open conversation. Using questions addressing topics derived from the framework of Schlütz and Hedder (2021), the researcher guided the conversation to answer the RQ. The participants were encouraged to exchange opinions to enhance a natural conversation and gain a more in-depth understanding of their perception of the podcast host. A topic list according to the questions asked can be found in Appendix B.

Data Analysis

The collected audio recordings of the focus groups were first transcribed verbatim by the researcher. The transcript was then screened multiple times using an iterative process for themes aligned with the chosen framework: identification, (parasocial)- interaction, authenticity, intimacy, and attractiveness. The transcripts' coding would follow the framework's structure and potentially identify meaningful fragments (Schlütz & Hedder, 2021). The transcripts were coded deductively, using the PSR framework, and inductively to explore potential other factors or effects that contribute to PSR development. One unit of analysis was defined as a statement given by one participant. A statement in this context can be a single sentence, multiple sentences, or a fraction of a sentence.

The different statements were screened for their meaning and sorted according to the framework given by Schlütz and Hedder (2021) to answer the RQ. The developed codes were analyzed and aligned with the five factors contributing towards a PSR to answer the RQ (I): "How do people without a mental disorder experience the PSR related factors after watching an episode about mental disorders?". The participants' experiences were sorted according to either

Podcasting Mental Disorder to reduce Stigmatization: The potential of Parasocial Relationship positively (+) or negatively (-) formulated statements. The categorization of positive and negative formulated statements was used to make inferences about the differentiating properties of both episodes.

The transcripts were sent to another researcher to check for similarities and differences within the coding scheme. The second researcher did not receive the complete coding scheme at first to promise independent coding. Later, both coding schemes were analyzed and discussed among the researchers. Only minor differences could be identified and were adjusted to meet the highest agreement between both researchers. The exchange of information between both researchers was used to increase the overall reliability of the analysis. The statements of the participants were screened multiple times by both researchers, to make inferences about if and how a PSR was established by viewing the episode. Lastly, the study had permission from the ethics committee of the University of Twente.

Results

The purpose of the present study was to elaborate in which way the different PSR factors were experienced by people without mental disorders, after watching an episode about mental disorders. Interesting to note is that overall, both focus groups indicate similar results; the only differentiating factor according to the participant's opinions was the episode they watched. During both discussions, all participants were able to talk freely, and all the participants were keen on sharing their opinion. Most participants had the same time and chance to talk. Some participants were shy in the beginning but those were easily involved in the discussion and their opinion was heard.

RQ: Experience of PSR Factors

All five factors of PSR were represented within the data: identification, parasocial interaction, authenticity, intimacy, and attractiveness. These factors will be set in place to answer the RQ: “How do people without a mental disorder experience the PSR related factors after watching a podcast episode about mental disorders?”. Moreover, one additional concept could be identified after analyzing the data: curiosity. First Table 2 gives an overview of all factors identified and their frequencies, then each code is described individually.

Table 2

Overall Coding Scheme

Code	Frequency
Identification	54
Parasocial interaction	41
Authenticity	21
Intimacy	33
Attractiveness	17
Curiosity	13

Identification

The factor identification was most often mentioned, and the participants elaborated mainly on this topic. Multiple sub codes regarding the factor identification were found within the data set (Table 3).

Table 3

Coding Scheme: Identification

Code	Subcode	Definition	Frequency	Episode A*	Episode B**
Identification	-	-	54	Episode A*	Episode B**
-	Behaviour	Identification with behavioural routine?	21	13 + 2 -	1 + 5 -
-	Struggles	Identification with the problems involved with the disorder	18	6 + 4 -	2 + 6 -
-	Symptoms	Identification with the symptoms of the displayed disorder	15	7 + 1 -	7 -

Note. ‘+’ = positively formulated statements, “-” = negatively formulated statements, *Kathrin’s Episode (A), ** Jessie’s Episode (B)

According to the first factor of the PSR framework, three different subcodes were identified (Table 3) and used to infer on the RQ (I): “How do people without a mental disorder experience each of the PSR factors after watching a podcast episode about mental disorders?”. Regarding the subcode (1) *identification with behaviour*, several participants discussed the way both hosts handle their daily life from the morning till the evening. One participant could relate to this theme, he mentioned: “If for example, I am not able to enjoy my coffee in peace, my mood will drop immediately and will hardly go up for the rest of the day”. Another participant mentioned: “I can really identify with the way she needs to handle her morning routine, sometimes I feel really depressed for the rest of the day when my morning is stressful”. Multiple other participants agreed upon this statement except for two. Those two declared that they “[...] don't need a peaceful morning or a strict routine to start in the day. Even if something went wrong for me, I would still be able to function well during the day.”.

Those comments were related to the first podcast episode about Kathrin, featuring her OCD. Kathrin explained her morning routine, including breakfast and getting ready for the day. In contrast to the participant, Kathrin explained: “when already the coffee making went wrong, everything else will also go wrong”. This presumably simple act of making coffee seemed astonishingly hard for her as she always needs the same rhythm to manage her daily living. Any distortions could ruin her day immediately. Consequently, she would stay home for the whole day. The comments made by participants indicated that they could identify with Kathrin's behavioural routine, as they experienced those to some extent by themselves. “The biggest difference is the consequence [...] whereas I am angry but still being able to continue my normal day, she (the podcast host) has to end the day right there”. Interestingly, multiple participants could identify with her behaviour but could also draw a clear line, where the process of

identification stopped. Participants could identify with why she was aiming for example, towards a perfect morning, but could not identify with the consequence of quitting the rest of the day, if her perfect morning fails.

According to the second episode about Jessie and her DID a different picture of opinions appeared regarding the code of (1) *identification with behaviour*. “I could not comprehend her line of thought at all, it was not traceable at all for me”, mentioned one participant. Other participants agreed upon the point that they could not comprehend Jessie’s behaviour. Jessie explained that her different personalities target different achievements during the day. Sometimes, if the discrepancies between the needs of her personalities are too big, she won't be able to continue her day in public. “When I don't meet the needs of some of them, they will jump back and forth in my mind”, explained Jessie. With this comment, Jessie probably tried to explain that sometimes her personalities overtake her mind, and she is not herself for this time, and sometimes she does not even remember what her personalities were doing. When being asked why it is more difficult to relate, one participant said: “I can't even imagine having multiple personalities, I kind of even do not believe what she is explaining to me.”. This comment might indicate that the nature of the disorder DID is hardly comprehensible for the participants, as they cannot imagine or identify with the symptoms according to DID.

The subcode of (2) *identification with struggles*, also appeared to be very differentiating between both episodes. “I know that struggle, sometimes in school, I would deliver an unfinished picture, because it was impossible to make it perfect, for me”. This comment was directed at Kathrin’s episode in which she displayed the way she tries to follow her hobby of painting. If Kathrin was too overwhelmed by her picture, she would just flee the situation. According to this scene, one participant stated: “[Delivering an unfinished picture], allowed me to accept the fact

Podcasting Mental Disorder to reduce Stigmatization: The potential of Parasocial Relationship that it is not perfect”. Another participant mentioned in this context “, “[...] I cannot understand why she is fleeing the situation; this does not help her at all”. This statement indicates that the participant could identify with her struggles of perfecting painting but could not relate to her reaction of failing.

A comment directed at Jessie’s episode was “I can understand how difficult her life must be, but I think I will never be able to relate to this”. The participant was commenting on Jessie's struggle of making new friends, as she is living with several personalities. It seems like that; many people are perceiving her as dangerous. Another participant declared that: “I could never imagine how she might feel in those situations.”. This statement was directed at one scene, in which Jessie tried to oppress one of her personalities that tried to overcome her. When being asked most of the participants agreed upon the point that they understand how hard her life must be due to her struggles. When being asked if they could identify with those, all of them answered with no.

Lastly, comments relating to the subcode of (3) *identification with symptoms*, also highly differentiated both podcasts. “I really can understand her line of thought here if the right side is not perfect it needs to be adjusted” and “[...] if I fail to do so multiple times, I feel how I am getting more and more nervous and sometimes even angry.”. This statement was related to Kathrin when she explained to the audience how she is handling her make-up. The participants could identify with her symptoms, and they said: “I may not start sweating but I can really feel what she is going through there.”. Kathrin explained that if she fails to do something perfectly, she starts getting nervous, then sweats and at the end, she withdraws from the activity. Regarding Jessie’s episode, identification with symptoms could not be denoted. “[...] it is a whole other world I could never relate or identify with how she might feel”. A second participant mentioned

that he would not dare to even try to compare his life with Jessie's symptoms. Those comments were directed at the scene in which Jessie explained to the audience the various symptoms of her DID.

In sum, it can be said that all participants could rather identify with episode (A) than with episode (B). According to subcode (1) *identification with behaviour*, the participants could identify themselves with episode (A) to some extent and some participants expressed they could understand the behaviour displayed in episode (B) but could not identify with it. Answers differed regarding subcode (2) *identification with struggles*, whereas some participants could identify with episode (A) others could not. No identification was found regarding episode (B). Similar results could be noted regarding subcode (3) *identification with symptoms*.

These results indicate that the differences regarding levels of *identification* were that a hardly relatable episode (B) was combined with lower levels of *identification*, whereas higher levels of *identification* could be associated with an easily relatable episode (A). The differences between the levels of identification further support the assumption that episode (A), featuring Kathrin's OCD, was more easily relatable for outsiders than episode (B) involving Jessie's DID.

Parasocial Interaction

Parasocial interaction can be defined as one-sided conversational practices by the podcast host towards the audience. Within the factor of parasocial interaction, three different subcodes could be identified namely: Speech patterns, content, and social deixis (Table 4).

Table 4

Coding: Parasocial Interaction

Code	Subcode	Definition	Frequency		
Parasocial interaction	-	-	41	Episode A*	Episode B**
-	Speech patterns	the way the host interacts when giving information	14	6 -	7 + 1 -
-	Content	Which information is presented	9	3 -	5 + 1 -
-	Social Deixis	The direct addressing of the audience	18	3 + 5 -	9 + 1 -

Note. ‘+’ =positively formulated statements, “-” = negatively formulated statements, *Kathrin’s Episode (A), ** Jessie’s Episode (B)

Three different subcodes were identified regarding the second factor of the PSR framework, *parasocial interaction* (Table 4), and used to make inference the RQ: “How do people without a mental disorder experience each of the PSR factors after watching a podcast episode about mental disorders?”. According to the subcode (1) *Speech pattern*, one participant commented on Kathrin’s episode: “[Kathrin] talks very fast and appears a bit quirky”; another participant complemented that comment by saying “She appears to be in a hurry and cannot even finish her sentences”. Other participants agreed upon that “She tries to always explain something” and they evaluated this as hard to follow. However, the participants commented

differently on Jessie's episode. "[Jessie] appears to be a very calm personality, I like the way she is talking" or "her style of communicating is very soothing and pleasing to listen to".

Comparing the effects of both podcast hosts on their speech patterns it appears that Jessie's speech patterns were more in favour. One participant explained this decision by saying "it was nice to follow her words, I could have listened to her for a longer period of time.". In contrast to Jessie, two participants commented on Kathrin's speech pattern: "Sometimes I could not really understand what she is trying to say, she seems to be all over the place." and "it was really hard to follow her line of thought, at some point in time it felt really annoying for me.". It appears that Kathrin's speech patterns were hard to follow for some participants and were even rated negatively as annoying.

The subcode of (2) *content* was also distinguishable between both episodes. "It feels like she is only using one style of communication, explaining"; "she talks solely about her problems". Other participants indicated that "She could also talk a bit more about positive stuff in her life, this would make it less boring to attend to." Those comments were directed at Kathrin's episode. Most participants agreed upon the point that Kathrin is only talking about the same thing throughout the whole episode. "She is only talking about things that went bad." One participant suggested: "as it is kind of well-known what perfectionism is about, she should have really explained less about her disorder". One participant explained that Kathrin should have shown more variety of herself and her disorder to make the episode more appealing to watch. In accordance with the participants' opinion, Kathrin *parasocial interaction* was negatively experienced (Table 4), because she did not vary much in her content throughout the episode. The participants mentioned that less variation of topics within an episode affects the experience of the PSR factor *parasocial interaction* negatively.

In contrast to Kathrin's episode, Jessie was rated differently. "I like the way she is talking about her disorder; she seems very reflective about her own behaviour". Another participant mentioned, "Comparing both, she (Jessie) talked more extensively about her life and not only about her symptoms and struggles.". When being asked about the different types of content, most mentioned that multiple topics and different depths of speaking make the episode more interesting to watch. By the depth of speaking the participants meant that the host should vary between the descriptive and reflective styles of speaking about their disorder.

Lastly, the (3) *social deixis* of both episodes were rated similarly. "I liked the way she (Kathrin) addressed the audience at the end of the episodes. It felt welcoming and warm for me." At the end of Kathrin's episode, she called out for more acceptance for mental disorders and that more people should have the courage to search for help, despite social barriers. One participant answered: "I did not feel directly addressed but more passively." The participants declared that "She was talking to other people with mental disorders, but I think I can also be of help for them." He meant with this statement that he felt addressed in a way that he was part of the social barrier of seeking help for people with mental disorders. Another participant mentioned that "I did not think I could be a help for others in this manner, but I think educating others and spreading awareness is what I can do." Jessie in comparison to Kathrin did not only address the audience at the end of her episode but also in between. "The way Jessie is interacting with the audience is really the material for a good episode". As explained earlier, Jessie showed more variety in her speech patterns and style of interaction. She described her symptoms, reflecting on her behaviour in the past and present. Additionally, she explained to the audience how they should react in specific situations when confronted with the disorder. One participant commented on this issue: "Jessie should make her own podcast about her life and maybe even other topics".

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Another participation mentioned, “Her style of addressing the audience was very pleasing for me and I feel I learned a lot. “. When being asked why they like Jessie’s style of communicating with the audience most participants agreed under this statement: “If somebody would ask me how a podcast host should behave towards the audience, I would take this (Jessie) as an example.” Additionally, she mentioned, “It kind of felt like I had a real conversation with her through the whole episode.”

To summarize these results in context with the factor of *parasocial interaction*, first, it could be noted that (1) *speech patterns* should be easy to understand, contain clear communication, and follow a logical structure. The displayed (2) *content* was rated best when a high variation of topics, reflective, and descriptive communications were presented by the podcast hosts. Last, the (3) *social deixis* of the podcast host should be present multiple times throughout the episode, to actively engage the audience.

As indicated by the opinions of the participants above, episodes (A) and (B) differed as well in the participant’s experience towards the factor *parasocial interaction*. Regarding episode (A), subcodes (1) and (2) were negatively experienced by the participants. Statements regarding Subcode (3) *social deixis* were nearly evenly distributed. Therefore, not all participants agreed upon the rating of this subcode. Jessie’s episode (B) was experienced positively across all three subcodes (Table 4).

Authenticity

Within the factor of *authenticity* two further subcodes could be identified: *honesty* and *representation of character*. *Authenticity* is the degree to which the podcast host is judged as a believable persona (Hartmann, 2008). The subcode of *representation of character* encompasses

the way the podcast hosts display their mental and moral qualities. Those aspects can only be used in the context of the participants' perceived *authenticity* regarding the host's character. Both subcodes deliberately represent the factor of *authenticity*.

Table 5

Coding Scheme: Authenticity

Code	Subcode	Definition	Frequency	Episode A*	Episode B**
Authenticity	-	-	21	Episode A*	Episode B**
-	Honesty	The perceived credibility	7	4 +	3 +
-	Representation of Character	Meaningly, how the podcast hosts displayed their mental and moral qualities	9	3 +	6 +

Note. '+' = positively formulated statements, '-' = negatively formulated statements, *Kathrin's Episode, ** Jessie's Episode

According to the RQ: "How do people without a mental disorder experience each of the PSR factors after watching a podcast episode about mental disorders?", were the following results collected regarding the factor *authenticity*. First, the host (1) *honesty* was described by participants as essential for podcasting mental disorder. One participant mentioned that: "I think honesty is needed to realistically show and explain to us how their disorders are affecting them.". Multiple participants agreed upon the statement that (1) *honesty* within these episodes is fundamental towards building a trusting relationship between host and audience. One participant mentioned in accordance with this statement: "I think if the podcast host were not honest about

themselves, I would not have watched the whole episode.” Another participant complemented this statement by saying: “I would have even disliked her, if she was not honest, I think it is very important when talking about mental disorders.” Further, regarding the host's honesty, one participant mentioned “I think I could not distrust their words, the way they transmitted their feelings and struggles within the episode felt deeply honest.” Another participant complemented this statement by saying “They described and explained their circumstances, I could really envision what their life is about”. The participants indicated with these statements, that the host *authenticity* is closely related to their *parasocial interaction*. Multiple participants agreed upon the statement that their perceived feeling of *authenticity* is mostly due to the way the author is talking and acting towards the audience.

According to subcode (2) *representation of character* did one participant mention that: “I think both of them represented themselves as they would be in real life.”. Another participant complemented this statement by saying: “They both might be two different characters on their own, but I really believe that they displayed themselves in a way that felt authentic.” One participant mentioned that: “For me, a believable character is needed to fully trust the words she is saying.”. Other participants agreed with this statement.

In sum, it can be assumed that both episodes were found to represent the factor of *authenticity*. The participants experienced both subcodes and the overarching factor *authenticity* as essential and fundamental towards a trusting relationship between host and audience. A lack of these subcodes would result in a refusal to watch more about this podcast host, as indicated by the participants. Moreover, a link between parasocial interaction and the hosts (1) *honesty* had been indicated by participants.

Intimacy

Regarding the factor of intimacy two subcodes could be identified within the data set: self-disclosure and sensitivity of the topic. Intimacy is the degree to which the podcast host shared personal themes (Perks & Turner, 2019). It appears throughout the discussion about intimacy that this factor seems closely related to the PSR factor of authenticity in the context of podcasting mental disorders.

Table 6

Coding Scheme: Intimacy

Code	Subcode	Explanation	Frequency	Episode A*	Episode B**
Intimacy	-		33	Episode A*	Episode B**
-	Self-disclosure	Sharing of thoughts, fears, and emotions	12	1 + 4 -	7 +
-	Sensitivity of topics	Involving subjects that sometimes be labelled as “taboo”, e.g., suicidal thoughts	17	3 + 4 -	10 +

Note. ‘+’ =positively formulated statements, “-” = negatively formulated statements, *Kathrin’s Episode (A), ** Jessie’s Episode (B)

The results regarding the RQ:” How do people without a mental disorder experience each of the PSR factors after watching a podcast episode about mental disorders?”; and the factor of *intimacy* will be displayed in the following section.

According to the (1) *self-disclosure* of both podcast hosts, one participant mentioned the importance of disclosing personal information to reach out and help people suffering from mental disorders. “Without sharing her (Jessie) intimate moments of her life and disorder, I think this whole episode would not be possible”. This comment was directed at a scene of Jessie’s episode in which she described her worst moments dealing with her disorder. She displayed how she self-harmed herself and further explained that she cannot even remember what happened because one of her personalities ‘locked her out’. “When she was talking about being locked out for longer than a month, I was deeply touched”. Another participant complemented this statement by saying: “I did not even think that something like this could happen to somebody”. “Her (Jessie) honesty about her depressed episodes, which she did not even realize, affected me personally, I had small tears in my eyes, and I was shocked”. This statement might indicate a connection between the factor of *authenticity* and *intimacy*. More inclusively, (1) *Self-disclosure* appears to have commonalities with *honesty*. One participant mentioned: “She really shared very intimate things about her life, especially about her disorder, I really believed her.” This statement implies that self-disclosing personal information, especially about something intimate like mental disorders, is perceived as honest by the participants.

According to Kathrin’s episode, participants perceived only a few self-disclosing moments within her episode. When being asked to describe her levels of *intimacy* throughout her episode one participant mentioned: “I cannot really pinpoint why I would rate her as not intimate, but I think she is only describing her disorder and I did not really feel that she was sharing her deepest self, as Jessie did.”. Other participants agreed with this statement. When being asked about the effects of (1) *self-disclosure*, one participant stated: “The moment she was talking about her inner feelings and struggles with the disorder, I felt emotionally affected”.

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Another participant complemented this statement by saying: “I agree, at this moment I felt sorry for her and tried to understand her situation.”.

According to the subcode of (2) *sensitivity of topics* following statements could be derived. “Comparing both episodes, I think Jessie's episode was more about themes normally people would not talk about.”. Jessie was talking about self-harming situations, potential harm towards others, failure in life and suicidal thoughts. Failure in life can be explained in this context as Jessie being not capable of following her dream job anymore. One participant mentioned that: “I did not even think about it, someone could experience something like this. This kind of feels like a horror movie.” Multiple participants of both focus groups were stunned by the different stories Jessie was telling. One participant mentioned that: “I really needed a couple of minutes to process the things she was saying.”. When being asked how those stories affected the participants one answered: “It kind of felt traumatizing, I think people should hear more about her story, I think this could help to better understand people suffering from mental disorders”. According to Kathrin's episode, most participants did not perceive her as intimate. “Kathrin showed her struggles to some extent, but I did not feel like she wasn't sharing anything intimate, it was more an objective explanation of her OCD ”. Another participant explained further: “I think Kathrin exchanged some intimate information, but in contrast to Jessie, those were not that emotionally loaded”. When being asked to rate the displayed *intimacy* by both hosts, one participant mentioned that: “I kind of felt more connected to Jessie after I learned more about her intimate moments.” Another participant mentioned in this regard that: “The way those stories affected me emotionally, made me feel closer towards her (Jessie)”.

In sum, it can be inferred that episode (B) was overall perceived as more intimate, by the participants. Statements regarding episode (B) were mostly positively formulated, whereas the

results of episode (A) indicated mixed opinions, with a tendency towards more negatively formulated statements. The subcodes (1) *self-disclosure* and (2) *sensitivity of topics* was closely related towards being emotionally affected, as indicated by the participants. The views of participants suggested that experiencing intimate moments, increased the feeling of closeness, towards the podcast host. Finally, as suggested by participants, the factors of *authenticity* and *intimacy*, seem to be connected.

Attractiveness

According to the factor of *attractiveness* two subcodes were identified within the data set: (1) *behaviour* and (2) *beliefs*. Attractiveness in the context of PSR can be understood as the degree to which the participants rate the host’s beliefs and behaviour as appealing. Most participants rated the host’s *attractiveness* by referring to those subcodes. Statements were directed at the way the hosts acted throughout the episodes and about the mindset and values the host possesses.

Table 7

Coding Scheme: Attractiveness

Code	Subcode	Explanation	Frequency		
Attractiveness	-		12	Episode A*	Episode B**
-	Behaviour	The way in which one acts oneself	7	3 -	3 + 1 -

-	Beliefs	The mindset and values the host possesses	5	2 +	3 +
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Note. ‘+’ =positively formulated statements, “-” = negatively formulated statements, *Kathrin’s Episode, ** Jessie’s Episode

The following results answer the question, in which way the participants experienced the PSR factor, attractiveness. According to subcode (1) *behaviour*, one participant mentioned that: “I like the way Jessie is handling her symptoms, she really shows a lot of strength in it.”. In contrast to this statement, another participant said that: “Kathrin seemed to behave really immature according to her symptoms, instead of dealing with her problems she just rejects it.”. Most participants agreed with this statement. When being asked to rate the attractiveness of this (1) *behaviour* one participant said that:” If I must rate it on a scale from 1 to 10, I will give it a 3, just because I think she could have handled it differently.”. This comment was directed at Kathrin when she was talking about her morning routine and that she would spend the whole day at home if something went wrong within the coffee-making process. The participants were asked how they would explain the differences in behaviour between both hosts. One participant answered: “I think as Jessie said, she already had more than 5 years of experience with therapy whereas Kathrin is in her first year.”. Another participant uttered in this context: “I think she would behave more ‘attractive’ when she would be able to handle her symptoms more competently.”. It appears that competent handling of symptoms works towards a more attractive (1) *behaviour* within the context of mental disorders. This would mean, regarding developing a PSR, that competent handling of symptoms increases the attractiveness of the host's behaviour.

In the second subcode, the attractiveness of the hosts (2) *beliefs*, both podcast hosts were rated as attractive by the participants. One participant mentioned: “I think both of them showed a

real strength in their beliefs, which I would rate as attractive.”. When being asked to elaborate more on the strength did another participant mentioned that: “Both were enthusiastic about solving their disorder related problems, this is what I would call strength. Despite being troubled to still believe in solving their problems.” Another participant complimented this statement by saying that: “I agree, I really like their mindset especially Jessie was full of hope and Kathrin was very positive about solving her problems.”. In total most participants rated the (2) *beliefs* of both podcast hosts as highly attractive because they shared a positive value towards handling their disorder. “I liked that they believed in themselves and that they have the mindset of solving their problems, come what may come.”. When being asked about the effects of their beliefs, one participant said that: “It felt like I kind of adopted their mindset a bit, I can imagine someone having similar problems could really gain hope from watching this.”

In sum, it can be said that for the subcode (1) *behaviour*, competent and sophisticated handling of mental disorder related symptoms was preferred by the participants. According to the hosts (2) *beliefs*, positive, enthusiastic, and hopeful beliefs were favoured. Regarding the hosts (1) *behaviour* a clear difference can be made between both episodes (Table 7). Kathrin’s behaviour, and specifically the less competent handling of it, was not experienced as attractive by the participants. In contrast to these results, Jessie’s (1) *behaviour* was experienced positively.

Curiosity

In the process of inductively screening the data set for potential new effects of watching a mental disorder related episode, the effect of *curiosity* was found. *Curiosity* can be explained in this context as follows: the degree to which the audience develops an urge to watch more about the podcast host. This explanation was derived through statements given by participants, which

are displayed in the following section. The factors of *identification*, *parasocial interaction*, and *intimacy* had the effect of increased *curiosity* of the participants towards the episodes.

Table 9

Coding Scheme: Curiosity

Code	Subcode*	Frequency
Curiosity	-	13
-	Identification	8
-	Parasocial Interaction	5
-	Intimacy	3

*Note. The subcodes are derived from the Schlütz & Hedder (2021) framework

One participant mentioned that: “Especially Jessie made me want to watch more about her episode, for me it was more interesting to watch because I could not really identify with her life.”. Other participants complemented this statement by saying: “Yes because I really tried to put myself in her shoes [...], I would say it is more interesting for me because I don't know the situation she is in personally.”. Regarding subcode (1) *identification*, it appears that their levels of *curiosity* towards the episode increase when the participants are watching a person or a scenario, they are not familiar with. In contrast to unfamiliar situations or symptoms, which were perceived as low identifiable for the participant, was Kathrin’s episode. “After the first 5 minutes, I had the feeling that I would know everything already.”. In this context several participants mentioned: “[...] because it is already known, it made it less interesting to watch.”.

This statement indicates that higher levels of (1) *identification* decreased the *curiosity* of the participants towards the episode.

According to the hosts' (2) *parasocial interaction* and *curiosity*, one participant mentioned that: “When she (Jessie) directed her attention towards the audience and was walking to the ‘off’ I kind of felt included or at least spoken to. In addition to this statement one participant mentioned that: “Kathrin was mostly just talking about herself and her problems, but the moment she turned to the audience at the end of the episode, made me more curious.”. These statements can specifically be attributed to the subcode *social-deixis* of the factor *parasocial interaction*.

Last, the levels of (3) *intimacy* displayed in the episodes, indicated relation to the effect of personal interest. One participant mentioned in this context: “I think personal preferences in this context are very important, but for me, I felt more connected to Jessie, because she seemed more emotionally affected.”. Both podcast hosts shared their intimate moments but the more emotional episode (B), affected the participants more deeply. Some mentioned that they were more curious about Jessie’s life and disorder.

In sum, it can be said that unfamiliar and therefore less identifiable scenarios and experiences regarding mental disorders increased the participants' curiosity. Additionally, the *social-deixis*, the direct addressing of the audience, increased the levels of *curiosity* as well. According to the hosts' level of *intimacy*, more emotionally affected storytelling indicates an increase in participants' curiosity.

Discussion

To answer the RQ, the present study investigated in which way the participants experienced the PSR factors after watching a podcast episode about mental disorders. To increase the depth and diversity within this study the differences between both mental disorders displayed within the episodes were investigated. Last, implications can be made for future podcasts relating to mental disorders.

RQ: Experience of PSR Factors

Identification. The experiences of the factor *identification* were supported by the three subcodes of *identification with behaviour*, *- struggles* and *- symptoms*. The first subcode *behaviour* was also found within the studies of Cohen (2001, 2014). The subcodes of *struggles* and *symptoms* were not represented in the given framework of Schlütz and Hedder (2021) and are therefore new. Their appearance can best be explained by the topic of mental disorders. Other studies also found a link between identification and the subcodes' *struggles*, and *symptoms*, in context with podcasting mental disorders (Pavelko & Myrick, 2020). It can be assumed that the factor *identification* has different properties, depending on the content of the episodes.

Episode (A) was attributed with higher levels of all subcodes, whereas episode (B) was attributed with low levels across all three subcodes. Despite the lower levels of identification, the opinions of the participants indicate a higher chance of developing a PSR. This indication was supported by the increased curiosity of the participants towards episode (B). Curiosity in this context can best be described as an urge to watch and learn more about the specific podcast host (Savage & Spence, 2014). Perse and Rubin (1989), showed higher levels of curiosity and the

Podcasting Mental Disorder to reduce Stigmatization: The potential of Parasocial Relationship willingness to continue watching a certain media figure, indicating a PSR. These results are again in contrast with the given framework (Schlütz & Hedder 2021), which indicate that higher levels of identification resolve into a PSR. These highly differentiating findings indicate that the development of a PSR might be different in the context of mental disorders and the audience that is not familiar with this topic. Hoffner and Cohen (2018), indicated that a PSR can also be established even though no identification with the host is developed. *Curiosity* might be the differentiating factor within the present findings, but this suggestion cannot be supplemented within the present study.

Parasocial interaction. The factor of *parasocial interaction* was found to consist of three subcodes namely: *speech pattern*, *content*, and *social deixis*. The subcodes of *speech pattern* and *social deixis* were also found by other researchers (Nodora, 2019; Hartmann, 2008). The *speech pattern* of a podcast should be soothing and calm, speaking too fast was negatively perceived. Moreover, the *content* should vary highly, meaning, the host should change between explanatory, descriptive and reflective content styles. According to the *social-deixis*, which can be described as the fundamental characteristics of parasocial interaction. This indication was also supported by other researchers (Hartmann, 2008; Pavelko & Myrick, 2020; Schlütz & Hedder, 2021).

According to the present study, most of the participants expressed the wish to follow the host of episode (B) on social media, to learn more about her life and wished to see more episodes about her. Those comments can be interpreted as a kind of companionship. Giles (2009) described the effect of a parasocial interaction on the audience with, companionship, and personal identity. No comments regarding companionship could be related to episode (A). Therefore, it can be concluded that the calm, and reflective speech pattern, highly varying

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According to episode (B), all subcodes were represented and experienced positively. These results lead to an increase in the participant's curiosity. These findings were also in line with the increased levels of curiosity regarding the levels of identification. The relation of this combination towards curiosity might be of interest when investigating a potential development of a PSR in the context of podcasting mental disorder. This indication is supported by the research of Hoffner and Cohen (1956, 2018).

Authenticity. As suggested by the participants, authenticity seems to be a fundamental factor contributing towards a PSR. The subcodes of *honesty* and *representation of character* have been found to support the factor of *authenticity*. A lack of *authenticity* would result in a loss of credibility and therefore a loss of audience attraction. Other scholars also found a relationship between the levels of authenticity of a media figure onto the development of a PSR. Meaningfully, higher levels of authenticity are needed to establish a PSR between the host and the audience (Kurtin, O'Brien, Roy & Dam, 2019). The study of Kurtin and colleagues (2019), indicated a high correlation between authenticity and PSR, which supports the findings of the present study. Since both podcast hosts were accompanied by high levels of *authenticity*, the relatability of disorder did not play a major role within this factor.

Moreover, a relation between the factors of *parasocial interaction* and *authenticity* has been suggested within the present study. Participants indicated that higher levels of *parasocial interaction* were based on high levels of *authenticity*. This finding was also supported by other researchers (Konjin, Utz, Tanis & Barnes, 2008; Vogel and Schwartz, 2014). It might also be

Podcasting Mental Disorder to reduce Stigmatization: The potential of Parasocial Relationship suggested that higher levels of *authenticity* complement the combination of *identification* and *parasocial interaction*, in context with the participant's *curiosity*. This combination had not been found by other researchers or at least was not labelled as a prominent finding.

Intimacy. The factor of *intimacy* consists of two subcodes namely: *self-disclosure* and *sensitivity of topics*. Other researchers support the connection between *self-disclosure*, *sensitivity of topics*, and *intimacy* are connected (Colliander & Dahlén, 2011; Perks and Turner, 2019). Participants indicated that a high level of *self-disclosure* would encourage others to be bolder. Moreover, the degree to which the host was perceived as self-disclosing was positively associated with the host's honesty. This finding was supported by Lou (2021).

Sensitivity of topics was associated with increased feelings of closeness and connectedness towards the podcast host. The feelings were related to either positive themes, like hope, or negative themes, like traumatic childhood experiences. Previous researcher confirmed this finding (Dibble, Levine & Parks, 2012; Dibble, Hartmann & Rosean, 2016). Moreover, episode (B) was more described in terms of *sensitivity of topics*, due to the number of emotional topics included within the episode. The increased number of emotional topics might be attributed to the nature of the disorder. People suffering from DID experience more traumatic events in their life span compared to people with OCD (Glazier, Wetterneck, Singh & Williams, 2015).

Attractiveness. The factor of attractiveness can be divided into two subcodes namely, *beliefs* and *behaviour*. The subcodes were also identified by other researchers (Pavelko & Myrick, 2020; Schlütz & Hedder, 2021). The host's *behaviour* was rated positively when the host showed competence and strength in it. Competence was mentioned in the context of handling disorder related symptoms and strengths were overly related to the handling of symptom-related outcomes. Competence was also found in the research of Schlütz and Hedder

(2021). The subcode *belief* was experienced positively by the participants when the host displayed positivity and hope throughout their episodes. The study of Pavelko and Myrick (2020), also indicates that positivity, in general, has a positive effect on the development of a PSR. A difference between both episodes was found regarding the subcode *behaviour*. The behaviour displayed in episode (A) was mostly described as immature, whereas episode (B) was overly rated as behaving competently. It can be concluded that attributes like competence, strength, positivity, and hopeful thoughts lead towards higher levels of attractiveness for the audience.

Implications for Podcasting Mental Disorders

A value of this study was to come up with implications for future podcast hosts featuring the topic of mental disorders. Those implications were meant to address and decrease the stigma around people with mental disorders by developing a PSR. Therefore, being able to establish a PSR with the audience should be of utmost importance for future podcast hosts.

The participants within this study developed a stronger relation to Jessie's episode. A lower identifiable podcast host had the effect of increased curiosity. Curiosity was linked to an urge to watch and learn more about the host and disorder. The effect of curiosity should be taken with care, it was not indicated if this effect had stigma reducing properties but an increase in willingness to watch the podcast episode. The highly identifiable mental disorder of Kathrin had not the same effect. Therefore, podcast hosts featuring a well-known disorder (e.g., depression) should watch out for other factors that increase the curiosity within the audience. Moreover, the use of competent and reflective communication practices using calm and soothing speech patterns was favoured by participants. Future podcast hosts should self-disclose personal mental

Podcasting Mental Disorder to reduce Stigmatization: The potential of Parasocial Relationship disorder-related information. Lastly, positive messages involving hope, trust and happiness should be included. Those can be used to contrast sad and emotionally loaded information.

Strength and Limitations

The present study opened several strengths regarding the topic of PSR and podcasts about mental disorders. First, the study is one of the first to explore the presence of PSR factors between people with and without mental disorders. Previous research mostly focused on exploring the development and effect between people with mental disorders (Pavelko & Myrick, 2020; Kosyluk et al., 2020). Secondly, this study enables implications for future podcast hosts to develop a stronger bond between them and the audience. Thirdly, the variation of differences between the participants regarding gender and occupation represents a broad part of society.

A limitation of this study was that the participants did not hold any stigma or prejudices against people with mental disorders. It could be possible that even though the participants hold a certain stigma, they might not express it. The effect of discussing the participants' opinions openly in a focus group might also inhibit the expression of any stigma.

The second limitation of this study can be attributed to the podcast episode itself. Two episodes might not be enough to represent the vast amount of mental health-related podcasts available.

Future research

According to the differentiating findings of the PSR factor identification, it is of interest to repeat the present study using the same methodology. The effect of curiosity could only be

sorted towards episode (B) and the only difference between both episodes was the factor identification. Investigating the role of identification within the context of podcasting mental disorders might be of interest to understand the development of a PSR.

It might also be of interest to investigate the effect of curiosity, as it was not clear which properties this effect had. The sample within this study held no stigma against people with mental disorders, which indicates that the effect of curiosity was not negatively attributed. This could be different with people holding a certain stigma towards mental disorders. Therefore, using participants holding a stigma against people with mental disorders might give further insights into the way how mental-health-related podcasts are able to challenge or change persisting beliefs of knowledge of people holding stigmas.

Regarding levels of identification and relatability of mental disorders, future research set a focus on comparing the effects of different podcasts regarding their potential of developing a PSR. Investigating multiple podcasts could give further insights into which attributes of podcast hosts are of help when developing a PSR and which work against such a development.

Conclusion

This study aimed at investigating the experience of PSR factors after watching a podcast episode about mental disorders. All five factors were present within this study, solely the factor of identification was not present towards episode (B). The combination of lower identifiability and higher levels of parasocial interaction, authenticity, intimacy, and attractiveness found within the episode (B) had the effect of curiosity. Increased curiosity can be suggested as an urge to watch and learn more about the mental disorder and the podcast host. Moreover, *parasocial interaction* was best of use when the podcast hosts used a soothing and calm speech pattern, a

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variation in content and directly addressing the audience multiple times. Authenticity and intimacy were found to be fundamental factors needed to establish a PSR in relation to a mental disorder related podcast. Attractiveness was highly valued when the podcast host behaved competently and had a positive and hopeful attitude. The present study could help future podcast hosts to actively engage with their audience, to educate about mental disorder, and to address the negative impacts of stigmatization.

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Appendix A

Table 8 Questionnaire

Code	Explanation	Example Question
Knowledge	-	-
	Questions were directed at what people know about mental disorder and people suffering from it	<p><i>“Which complaints would you associate with a mental disorder?”</i></p> <p><i>“Which mental disorders do you know already?”</i></p>
Beliefs	-	-
	Questions were derived from common prejudice and evaluation of people with mental disorders	<p><i>“How would you evaluate a person with a mental disorder” (nice, strange, dangerous etc.)</i></p> <p><i>“How do you expect people with mental disorders to behave?”</i></p>

Appendix B

General Beginning:

How was it for you watching those podcasts?

How would you describe the difference between both podcasts?

- Which one did you like the best? (Why?)
- How did you perceive the actor?
- Which one was more pleasing to watch?
- If you compare both stories, which one is more relatable for you and why?

Which Mental disorder is displayed?

- Did you know about the disorder already? (Learned anything new?)
- How would you personally deal with the disorder?
- How would you react, meeting the person from the podcast? (or any other person with a mental disorder?)

Questions regarding PSR/PSI

Identification:

Can you relate to the person's life?

- differences/similarities
- What themes can you relate to? (Why? How?)
- Which aspect of her life is interesting for you?

Which values/beliefs of the persona could you identify?

- are those relatable? Could others relate to those?

Would you change anything in their lives?

Would you expect people with mental disorders to identify with this persona?

Interaction with Audience (conversational practices):

How would you describe their style of speaking? (pleasant/annoying etc.)

Did you feel directly addressed by the persona? (Who is she talking to?)

→ how did that feel?

Authenticity:

Would you describe the host authentically or honest about herself and her situation?

Did you perceive the host as competent/straightforward (plain spoken and confident)?

Intimacy:

Did you feel close/comfortable to the host?

Was the host personal and honest about her topic?

→ sensitive?

Attractiveness:

Behavior/style of talking:

Beliefs/attitudes:

Follow Up:

Do you think that such podcasts are useful for destigmatizing mental disorders? (Why?)

→ for which audience is this useful to watch?

How did your perception change? (Comparison of beliefs before and after completion of the questionnaire)