

## Increasing Mental Health Literacy via Narrative Advertising

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*This research explored the effectiveness of narrative advertising and argument advertising in increasing mental illness (depression) literacy. Results showed that narrative advertising was more effective than argument advertising at engaging participants in experiential immersion, resulting in greater sympathy toward those suffering from depression. In addition, narrative advertising better involved participants in issue elaboration and increased willingness to seek professional help. Finally, in comparison with argument advertising, narrative advertisements were rated higher in providing vivid information, resulting in an increase in participants' perceived efficacy in recognizing friends or family suffering from depression.*

As the modern world places people under increasing pressure, the number of people who suffer from depression also has increased. For example, depression affects 9.5% of Americans a year (Robins & Regier, 1990) and afflicts 11.7% of Taiwanese a year (Tung Foundation, 2003). Depression is not commonly recognized, however as a mental illness among the general public (Lauber, Hordt, Falcato, & Rossler, 2003). Individuals suffering from depression usually are perceived as experiencing transitory life crises, which are presumed to be dealt with by the individuals themselves, and therefore not requiring professional treatment. Unfortunately, depression is a major trigger of suicide (Lonnqvist, 2000). People suffering from major depression have a 3% to 4% lifetime risk of suicide (Blair-West, Mellsoy, & Eyeson-Annan, 1997). Therefore, developing mental health literacy is regarded as an important public health goal.

Mental health literacy has been defined as “the ability to gain access to, understand, and use information in ways which promote and maintain good mental health” (Lauber, et al., 2003, p. 248). In general, mental health literacy refers to people’s “knowledge and beliefs about mental disorders which aid their recognition, management or prevention” of such disorders (Jorm, Korten, Jacomb, Christensen, et al., 1997, p. 182).

There are many consequences of low mental health literacy. For example, without a clear understanding of mental illness, the general public holds very negative attitudes toward mental illness. Negative public sentiment toward mental illness may hinder the willingness of depressed individuals to recognize their symptoms and seek professional help. A recent survey showed that adolescents tend to stigmatize peers who suffer from mental illness (Corrigan, Demming, & Goldman, 2005).

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Furthermore, the stigma associated with mental illness presents obstacles to seeking appropriate mental health treatment (Corrigan, 2004). Depressed persons may shy away from seeking professional help in an effort to avoid the negative label associated with mental illness. Therefore, increasing supportive attitudes or sympathy toward those suffering from depression is a crucial undertaking.

It is widely believed that mental health literacy is an important determinant of whether depressed individuals will seek help (Goldney, Fisher, Wilson, & Cheok, 2002; Jorm, 2000). In situations where depression has not been identified correctly, the individual in question may fail to seek appropriate professional help. It is also important to note that people have misperceptions regarding which forms of treatment are effective for depression (Jorm et al. 2000). Such misconceptions may discourage them from taking appropriate actions. In addition, social support has been shown to be important not only in reducing people's risk for depression (Kendler, Myers, & Prescott, 2005), but also in decreasing suicide attempts (Compton, Thompson, & Kaslow, 2005) and increasing the likelihood of recovery from depression (Corrigan & Phelan, 2004). When the friends and family of someone suffering from depression lack mental health literacy, they may fail to provide effective support to the afflicted person.

Another consequence of low mental health literacy is a failure to correctly diagnose individuals with such disorders. Past research has indicated that the general public does not accurately recognize people with symptoms of depression. For example, in a telephone interview conducted in Switzerland, Lauber and colleagues (2003) presented the respondents with a vignette depicting a person suffering from depression, finding that only 39.5% of respondents correctly recognized the person as suffering from depression. The majority (60.2%) thought that the person simply had experienced a life crisis that was regarded as a normal psychological occurrence. A recent study from Pakistan found that only 18.75% of those surveyed could correctly identify a person depicted in a vignette as suffering from depression (Kausar, 2005). An important objective, therefore, in increasing mental health literacy is raising the public's awareness of the symptoms of depression.

Advertising campaigns have been shown to reduce the stigma and discrimination associated with mental illness (Vaughan & Hansen, 2004). This research will further explore which advertising appeals are more effective at enhancing mental health literacy. Specifically, it is proposed that, in comparison with argument-based advertising, narrative advertising is more effective in terms of raising depression awareness among the general public.

This article proposes that there should be three important objectives of an advertising campaign for increasing depression awareness: first, to generate more supportive attitudes or sympathy toward people with depression; second, to increase the willingness of people who suffer from depression to seek help; and, finally, to enhance public efficacy in identifying individuals who suffer from depression.

### **The Depression Problem in Taiwan**

A survey by the Tung Foundation (2003) during November 2002 and June 2003 showed that 11.7% of the general public in Taiwan suffered from depression. This survey also revealed that only 52.5% of those surveyed indicated that they were able to identify individuals suffering from depression. In addition, 68.2% of respondents believed that depression would go away by itself, and 31.2% believed that depression

could be cured without following a course of antidepressant treatment. People in Taiwan also hold many misconceptions regarding the possible causes of depression. For example, some of those surveyed reported believing that depression could be caused by unknown powers (18.9%) or evil spirits (13.3%). When asked what they would do if they felt depressed themselves, respondents said that they would try to ignore the depression, exercise more, or get a massage. Only 7.6% of those surveyed said that they would seek professional help. For individuals already diagnosed with depression, 63.5% sought relief through religion, and 49.3% tried traditional Chinese medicine (including acupuncture, breathing techniques, and massage).

In a survey of college students, Ko, Chou, Liao, and Wu (2006) found that 5.3% were clinically depressed. An even more alarming finding was that 10.2% of the college students in Taiwan tried to commit suicide in 2004. In addition, more female (11.5%) than male (8.8%) college students attempted suicide. The percentage of suicide attempts also varied according to academic major, with a greater percent of medical students attempting suicide (14%) than students in business schools (11%), agricultural programs (10.4%), the humanities (10.3%), and engineering (7.7%). Surprisingly, one third of the college students who tried to commit suicide were among the top 20% in their class. Ker concluded that depression is triggered partly by the emphasis that students put on school performance, and depression can result from a failure to achieve the high goals that students set for themselves. Most important, her findings also indicated that 90% of Taiwanese who committed suicide suffered from depression.

There seems to be an urgent need for health campaigns to raise awareness of depression among college students. Therefore, the target population for this investigation was college students in Taiwan. Young people (aged 15–24) have been shown to suffer the same degree of depression as the elderly (aged 65–74), but the young are less likely to seek help and have less knowledge about what help is available for depression than their elders (Fisher & Goldney, 2003). Young people also may be more likely to deny the existence of their depression when it occurs. It is thus important to raise awareness of depression and its treatment options among this segment of the general population. Therefore, this investigation explored what advertising appeals are more effective at enhancing depression awareness among this segment.

### **Narrative Advertising vs. Argument Advertising**

The relative effectiveness of narrative advertising and argument-based advertising at enhancing depression awareness has been examined. The use of narratives in advertising has been described in previous research as involving “one or more episodes consisting of actors engaged in actions to achieve goals,” and it generally contains a “sequence initiated by some events and actions result[ing] in outcome(s)” (Escalas, 1998; p. 273). Prior research points to two important structural features of narratives: chronology and causality (Escalas, 1998; Polkinghorne, 1991). First, narratives are organized in terms of a series of events that unfold over time. Second, narratives are structured in such a way that the causal relationship among the events can be inferred. For example, a narrative advertisement aimed at raising awareness of depression can present a real-life story of a depressed individual. Thus the audience is given an opportunity to understand the symptoms of this illness from a firsthand perspective.

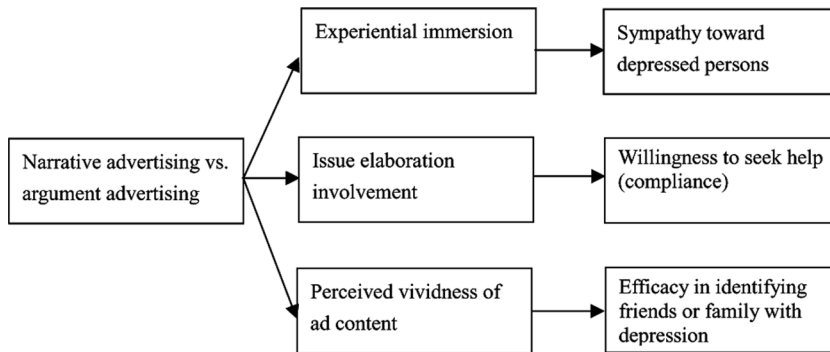
By contrast, argument advertising has no plot or characters (Deighton, Romer, & McQueen, 1989). The distinction between argument advertising and narrative

advertising was developed by Wells (1988), who argued that advertising can use lectures to directly address the audience about product features or can address the audience indirectly by presenting characters acting out the product benefits. According to Deighton and colleagues (1989), argument advertising persuades consumers by presenting rational arguments and support for its claims. An argument-based advertisement aimed at raising awareness of depression may lecture directly to the audience about the seriousness of this mental illness by listing the possible symptoms or consequences of not seeking help.

The advantages of narrative product advertising have been explored widely in the literature. Narratives or stories in advertising have been shown to engage consumers (Escalas, 1998) and to hook audiences into the viewing process (Escalas, Moore, & Britton, 2004). Audiences also experience emotional responses to narratives ads (Escalas, 2004a). Furthermore, to the extent that advertising audiences are hooked or drawn in, the advertisement can be more persuasive (Escalas et al., 2004). Past research also has indicated that narratives can present the benefits of intangible product attributes in a meaningful way (Mattila, 2000; Padgett & Allen, 1997). For example, Mattila (2000) argued that, when promoting services, narrative advertising can effectively communicate the service experience to potential consumers. Padgett and Allen (1997) also asserted that narrative ads could convey symbolic product information about service brands more effectively than argument ads. Moreover, narratives in advertising encourage consumers to gain product knowledge via vicarious experiences (Boller & Olson, 1991).

The potential advantages of using narrative advertising to promote mental health issues have been given relatively less attention in research. Drawing upon product and service research, we believe that it is likely that narrative advertisements for raising awareness of depression can engage potential audiences more successfully, in both a cognitive and an emotional capacity, than argument-based advertisements. In addition, the symptoms of depression can be communicated more meaningfully and effectively via narratives and stories than by the mere enumeration of facts. Lauber et al. (2003) found that one of the factors that can significantly improve people's correct identification of those with depression is contact with depressed individuals. Indeed, Reinke, Corrigan, Leonhard, Lundin, and Kubiak (2004) showed that both direct contact with those suffering from depression and mediated contact by means of a videotape significantly reduced the social distance that participants perceived between themselves and depressed individuals, as compared with a control group that had no contact. In line with these findings, we argue that narrative advertising can provide audiences with vicarious experiences of depression, or mediated contacts, in a meaningful way.

Specifically, we propose that narrative ads presenting a story about depression can get participants immersed in the messages and thus should be more effective at generating sympathy toward individuals suffering from depression than argument ads (see Figure 1 for the proposed model). Moreover, narrative advertising can involve participants to a greater extent so that they may be more motivated to elaborate on the problems associated with the health issue of depression. Involvement in issue evaluation or elaboration can further enhance people's willingness to seek professional help and compliance with health care recommendations. Finally, the vivid imagery depicted in narrative advertising will increase the general public's ability to correctly identify friends or family who may suffer from depression.



**Figure 1.** The proposed model.

### *Narrative Advertising and Experiential Immersion*

It is assumed that when people read narratives they engage in a unique mode of processing that is different from systematic modes of processing that previously have been explored in the advertising literature. Specifically, narrative readers comprehend narrative information by relating it to the story structures that they already have developed (Fiske, 1993). Narrative processing itself also can engage readers in mental simulation, which has been defined as “the cognitive construction of hypothetical scenarios” (Taylor & Schneider, 1989, p. 175). In other words, mental simulation involves the “imitative mental representation of some event or series of events” (Taylor & Schneider, 1989, p. 175).

In the process of mental simulation, readers may undergo narrative transportation (Escalas, 2004a), defined as “an immersion into a text” (Green & Brock, 2000, p. 702). In a similar vein, in processing narrative product advertising, participants have been shown to experience “being hooked,” which can be described as an enhanced degree of experiential immersion with the narrative text (Escalas et al., 2004). This study will refer to this as experiential immersion.

In contrast, without narrative information, readers of argument ads can elaborate only on the arguments or other message cues. Specifically, this study argues that narrative advertising to raise awareness of depression is more likely to engage participants in experiential immersion than argument advertising.

Hypothesis 1a: Narrative advertising is more likely to engage participants in experiential immersion than argument advertising.

### *Experiential Immersion and Sympathy Toward the Depressed*

Imagining oneself in a narrative can evoke strong emotional responses (Taylor et al., 1998). Escalas (2004a) found that the more an ad evokes narrative transportation, the more consumers generate positive affect. Furthermore, to the extent that a narrative ad story drew in ad perceivers and engaged them in experiential immersion, they generated stronger warm emotions (Escalas et al., 2004).

Sympathy, or awareness of another person’s feelings, commonly is experienced when processing advertising with stories and characters (Escalas & Stern, 2003). Escalas and Stern (2003) established a multistage model to explain that narratives

in advertising evoke sympathy (which results in empathy), thus enhancing the persuasiveness of an advertisement.

Past research suggests that persons diagnosed with mental illness are stigmatized in society (Corrigan et al., 2000). In addition, attributions as to the controllability of an illness can determine the degree of the public stigma ascribed to people with mental illness. As a psychological disorder, depression often is regarded as more manageable than physical illness (Corrigan et al., 2000). Assumptions about the extent to which depression can be controlled by the individual have been shown to be positively associated with negative affective reactions toward that person, whereas attributing the locus of control of depression to causes outside the individual is positively associated with feelings of pity and compassion (Corrigan, Markowitz, Watson, Rowan, & Kubiak, 2003). Moreover, sentiments of pity and compassion are associated positively with helping behavior expressed toward those suffering from depression (Corrigan et al., 2003). If public sympathy toward those who suffer from depression can be evoked by means of narrative advertising, then stigmatizing attitudes about depression can be reduced.

Because narrative advertising is more likely to get readers immersed in the ad message, thus giving them a vicarious experience of what the symptoms of depression must be like, it is proposed that narrative advertising should be more effective at increasing participants' sympathy toward depressed individuals. To the degree that a narrative ad can engage participants in experiential immersion, it can evoke more sympathy toward those suffering from depression. In other words, the degree of experiential immersion mediates the relationship between ad type effects and sympathy toward those with mental illness.

*Hypothesis 1b:* Narrative advertising will induce more sympathy toward those suffering from depression than argument advertising.

*Hypothesis 1c:* The degree of experiential immersion will mediate the relationship between ad type and sympathy toward those suffering from depression.

### ***Narrative Advertising and Involvement in Issue Elaboration***

Message involvement can vary as a function of ad formats. For example, different formats of health promotion advertising can motivate participants to elaborate on the issues to different degrees (Igartua, Cheng, & Lopes, 2003). When readers are transported and drawn in by narrative advertising, they should be more cognitively involved in the message, which can further motivate them to elaborate on the problems associated with depression. Therefore, it is proposed that narrative advertising should be more effective than argument advertising at motivating participants to elaborate on the issues.

*Hypothesis 2a:* Narrative advertising will generate more involvement in issue elaboration than argument advertising.

### ***Involvement in Issue Elaboration and Help-Seeking Behavior***

Even though 80% to 90% of persons with major depression can be treated successfully, only one in three persons with major depression seeks professional treatment

(Regier et al., 1988). Past research suggests that one of the consequences of stigmatizing attitudes toward those suffering from depression is a relatively low level of willingness on the part of depressed individuals to seek treatment (Jorm et al., 2000). For example, a survey in the United Kingdom showed that 60% of respondents believed that it would be embarrassing to consult a general practitioner about depression (Sims, 1993). A survey conducted in the United States demonstrated that, in rural areas, more negative attitudes toward depression and mental illness resulted in a decreased likelihood of people seeking professional help for depression (Rost, Smith, & Taylor, 1993).

Another obstacle to seeking help is the generally held belief that depression is within the individual's control, can be solved by the individual's own efforts, or may be relatively short in duration. Several forms of psychotherapeutic and pharmacological treatments have proven effective at alleviating the symptoms of major depression (Elkin et al., 1989; Prien et al., 1984). Research, also suggests, however, that many people are less likely to believe in the helpfulness of psychiatrists and clinical psychologists than practitioners (Jorm, Korten, Jacomb, Rodgers, et al., 1997). People also hold a general belief that vitamins or special diets may be effective treatments for depression (Jorm, Korten, Jacomb, Rodgers, et al., 1997). Fresh air also has been proposed as an effective way to relieve depression (Lauber, Nordt, Falcato, & Rossler, 2001). When people experience depression, they may drink or take pain relievers to alleviate their symptoms (Jorm et al., 2000). In addition, 78% of people said they would live through depression until it had subsided (Roper organization, 1986).

This study argues that if narrative advertising involves ad perceivers in issue elaboration, they should be more persuaded by the ad and be ready to surmount these obstacles to treatment. Past research has shown that ad message involvement can lead to greater numbers of message-related thoughts, greater numbers of issue-related thoughts, and greater message recall (Laczniak, Kempf, & Muehling, 1999). Additionally, Laczniak and Muehling (1993) found that when participants were more involved in an ad message, they spent more time attending to the information, produced more thoughts related to the message, and generated more issue-related thoughts or inferences. Given these findings, this study argues that the more narrative advertising can involve participants in understanding the seriousness of depression, the more willing they should be to seek professional help were they to find themselves in a similar situation. This line of reasoning suggests that narrative advertising should be more effective at enhancing participants' willingness to seek help than argument advertising and also that the degree of issue elaboration involvement mediates the relationship between ad type and the intention to seek professional help.

*Hypothesis 2b:* Narrative advertising will generate a greater willingness to seek help than argument advertising.

*Hypothesis 2c:* Issue elaboration involvement will mediate the relationship between ad type and level of willingness to seek help.

### ***Narrative Advertising and Information Vividness***

Narrative advertising usually presents vivid story details to meet the verisimilitude criteria (Wells, 1989). In addition, in the process of engaging in mental simulation,

readers may create vivid mental imagery on their own. For example, Phillips (1996) showed that when consumers were instructed to imagine themselves in certain product use settings, by engaging in mental simulations, they were able to generate more vivid mental imagery involving product-related behaviors than when they were not instructed to engage in simulations. Due to these differences, participants are likely to perceive that narrative advertising provides more vivid information than fact-based argument advertising.

*Hypothesis 3a:* Narrative advertising will be rated as more vivid than argument advertising.

### ***Information Vividness and Awareness of Friends at Risk***

One important element of mental health literacy pertains to the ability to identify those suffering from depression. Prior research indicates that consumers are more likely to take vivid product attributes into account than nonvivid attributes when making product judgments (McGill & Anand, 1989) because vivid product attributes draw more attention and are more salient when making judgments (Kisielius & Sternthal, 1986). Research also has demonstrated that the more vivid product descriptions are, the more likely people are to engage in mental simulation (Phillips, 1996). Furthermore, engaging in mental simulation increases estimates of the likelihood of an event (Carroll, 1978) and the validity of an imagined event (Taylor & Schneider, 1989). Thus, the perceived vividness of narrative advertising can increase message perceivers' awareness of depression and understanding of the symptoms associated with depression. These effects will, in turn, increase their efficacy in identifying friends or family members suffering from this mental illness. It is thus proposed that narrative advertising is more likely than argument advertising to increase participants' efficacy in identifying depression among friends and family. Moreover, the perceived vividness of the ad will mediate the relationship between ad type and identification efficacy.

*Hypothesis 3b:* Participants will report greater perceived efficacy in identifying friends or family members who may suffer from depression when they are exposed to narrative advertising than to argument advertising.

*Hypothesis 3c:* Vividness of the ad will mediate the relationship between ad type and efficacy in identifying friends or family members who suffer from depression.

## **Methods**

### ***Participants***

College students ( $N = 264$ ) were recruited and paid for their participation. Fifty-one percent were male. On a self-report question, 5 of them (1.9%) indicated that they suffered from depression, which was lower than the average rate of depression among college students. It was likely that participants were reluctant to admit that they suffered from depression to avoid the stigmatizing label of mental illness. Interestingly, participants were less likely to say that family members had depression



(11.0%) than that their close friends had depression (26.5%). This large discrepancy partly can be attributed to the fact that stigmatizing attitudes toward people with depression usually burdens the depressed person's family as well (Fogel & Ford, 2005).

### ***Design***

This experiment had a  $2 \times 2$  between-subjects design. The two factors were ad type (narrative vs. argument) and version type (one vs. two). The two ad versions were included to reduce any idiosyncratic characteristics associated with the selected version. Support for the hypotheses would be stronger if the findings were the same across the two versions of each ad type.

### ***Materials***

The advertisements were created by professionals at a leading ad agency. To reduce the confound caused by variation in the visual elements of the different ad types, ad layout and visuals remained constant across different conditions (see Appendix).

The two narrative ad versions were based on the depression vignette used in Jorm and colleagues' (2000) study. Each version told the story of a day in the life of a college student who suffered from depression, including symptoms such as losing interest in once-valued objects and activities, sleeplessness or insomnia, and suicidal ideation. The ads concluded with an information display regarding some useful tips for dealing with depression: share your feelings with others, talk to your family doctors, seek professional help from psychiatrists, call the depression help hotline, and so on. The two versions of the narrative advertisement only differed as to the details of the story.

The two versions of the argument advertisement differed in the wording of the arguments. Both versions listed several symptoms of depression, including loss of interest in valued objects and activities, sleeplessness, and suicidal ideation. These ads also concluded with the same tips for coping with depression used in the narrative advertisements.

### ***Procedures***

Participants were randomly assigned to one of the four conditions. The researcher informed the participants that the study was about readers' responses to different magazine layouts. Participants then were asked to read a segment of real magazine pages containing articles and ads. The depression awareness ad and a filler product ad were attached to the end of the articles. The magazine articles were about nature and science. Participants read the magazine pages and then they rated scales that probed their degree of experiential immersion, their sympathy toward people who suffer from depression, their issue elaboration involvement, their willingness to seek professional help, their perceived vividness of the message, and their perceived efficacy in identifying friends or family members who have depression. They also rated items for manipulation checks. The experiment took about 20–30 minutes.

### ***Independent Variables***

#### *Advertisement Type: Narrative vs. Argument*

As a manipulation check, participants rated on a 7-point Likert scale the degree to which they agreed with the following three statements: "There is a plot in the ad,"

“The ad reads like a story,” and “The ad states the symptoms of the depressed person in an objective manner” (a reversed item). The responses to these three items measuring narrative content were averaged. As expected, the difference between the two ad types was significant,  $F(1, 260) = 35.77$ ,  $p < .01$ ,  $M_{\text{narrative}} = 4.95$ ,  $SD = 1.08$ ,  $M_{\text{argument}} = 4.07$ ,  $SD = 1.32$ , confirming that the ad type manipulation was effective. In addition, the two versions of the narrative advertisement did not differ significantly,  $F(1, 260) = 0.57$ ,  $p = .45$ ,  $M_{\text{version1}} = 5.02$ ,  $SD = 1.01$ ,  $M_{\text{version2}} = 4.88$ ,  $SD = 1.14$ , and the two versions of the argument advertisement did not differ significantly,  $F(1, 260) = 0.23$ ,  $p = .63$ ,  $M_{\text{version1}} = 4.01$ ,  $SD = 1.16$ ,  $M_{\text{version2}} = 4.12$ ,  $SD = 1.46$ . Therefore, the ad type manipulation was satisfactory.

### ***Dependent Variables***

#### *Experiential Immersion*

Participants used a 7-point scale to rate two items adopted from Escalas and colleagues' (2004) scale to measure the degree of experiential immersion: “The ad draws me in,” and “The ad really intrigued me” (Cronbach's alpha = .66). Responses to the two items were averaged to create a single variable ( $M = 3.84$ ,  $SD = 1.33$ ).

#### *Sympathy Toward Depressed Persons*

Participants responded to five statements adopted from Escalas and Stern (2003) using a 7-point Likert scale: “Based on what was stated in the ad, I understood what the depressed person might feel,” “Based on what was stated in the ad, I understood what bothered the depressed person,” “When reading the ad, I tried to understand what the depressed person has been through,” “When reading the ad, I tried to understand the problems that the depressed person might have,” and “When reading the ad, I tried to understand feelings of the depressed person.” Scale reliability was satisfactory (Cronbach's alpha = .82); therefore, the five items were averaged to create a single rating for sympathy ( $M = 4.83$ ,  $SD = 1.11$ ).

#### *Issue Elaboration Involvement*

Participants used a 7-point Likert scale to rate two items adopted from Laczniaik and Muehling's (1993) message evaluation involvement scale. The two items were intended to assess participants' involvement in the evaluation of health issues: “I paid attention to what was stated in the ad, so I could understand depression,” and “I paid attention to what was stated in the ad, so I could evaluate the importance of this health issue” (Cronbach's alpha = .87). Responses for these two items were averaged to form a single measure ( $M = 5.09$ ,  $SD = 1.29$ ).

#### *Willingness to Seek Help (Compliance)*

Participants were asked on a 7-point Likert scale how likely they were to adopt the tip suggestions listed in the tip box. Cronbach's alpha for this scale was .87, indicating satisfactory reliability. Ratings for all the tips were averaged to create a single variable ( $M = 5.23$ ,  $SD = 1.27$ ).

#### *Vividness of the Ad Content*

Participants responded to two statements using a 7-point Likert scale: “The ad content is vivid,” and “The ad provides vivid information” (Cronbach's alpha = .83). Responses to the two items were averaged ( $M = 3.89$ ,  $SD = 1.40$ ).

### *Efficacy in Identifying Friends or Family with Depression*

Participants used a 7-point Likert scale to rate two items: "How capable are you in identifying friends with depression?" and "How capable are you at identifying family members with depression?" (Cronbach's  $\alpha = .81$ ). The ratings for these two items were average ( $M = 4.06$ ,  $SD = 1.66$ ).

### *Results*

Since there were no version effects for the dependent variables (all  $p$ 's  $> .40$ ), responses to the two ad versions were collapsed in all of the analyses that follow. ANOVA showed a significant effect of ad type on the degree that participants experienced experiential immersion,  $F(1, 262) = 7.29$ ,  $p < .01$ . Participants who read the narrative advertisement ( $M = 4.05$ ,  $SD = 1.31$ ) rated themselves higher on experiential immersion than participants who read the argument advertisement ( $M = 3.61$ ,  $SD = 1.33$ ), providing support for Hypothesis 1a.

There was also a significant effect of ad type on sympathy toward people with depression,  $F(1, 262) = 8.64$ ,  $p < .01$ . Participants who read the narrative advertisement ( $M = 5.03$ ,  $SD = 1.09$ ) gave higher sympathy ratings than participants who read the argument advertisement ( $M = 4.63$ ,  $SD = 1.08$ ). This result provided support for Hypothesis 1b.

Adopting Baron and Kenny's (1986) approach, regression analyses were conducted to test the mediation process specified in Hypothesis 1c. For all the analyses, the narrative ad was coded "1" and the argument ad was coded "0." First, ad type had a significant impact on experiential immersion ( $\beta = .17$ ,  $t = 2.70$ ,  $p < .01$ ). Second, ad type had a significant impact on sympathy toward the depressed ( $\beta = .18$ ,  $t = 2.94$ ,  $p < .01$ ). Third, immersion accounted for significant variance in sympathy ( $\beta = .54$ ,  $t = 10.43$ ,  $p < .01$ ). Finally, when ad type and immersion were both in the equation, the impact of ad type was not significant ( $\beta = .09$ ,  $t = 1.76$ ,  $p = .08$ ), whereas the impact of immersion remained significant ( $\beta = .53$ ,  $t = 10.04$ ,  $p < .01$ ). The results supported Hypothesis 1c, indicating that the degree of experiential immersion mediates the relationship between ad type and sympathy toward those suffering from depression.

ANOVA showed a significant main effect of ad type on issue elaboration involvement,  $F(1, 262) = 4.73$ ,  $p = .03$ . Participants who read the narrative ad rated themselves as more involved in the issue elaboration ( $M = 5.26$ ,  $SD = 1.27$ ) than participants who read the argument ad ( $M = 4.91$ ,  $SD = 1.28$ ), providing support for Hypothesis 2a.

There was also a significant effect of ad type on compliance,  $F(1, 262) = 8.03$ ,  $p < .01$ . Participants who read the narrative ad rated themselves as more willing to comply with the tip suggestions ( $M = 5.45$ ,  $SD = 1.24$ ) than participants who read the argument ad ( $M = 5.01$ ,  $SD = 1.26$ ). Thus, Hypothesis 2b was supported.

Four regression analyses were conducted to test the mediation model proposed in Hypothesis 2c. First, ad type had a significant impact on issue elaboration involvement ( $\beta = .13$ ,  $t = 2.19$ ,  $p = .03$ ). Second, ad type had a significant impact on compliance ( $\beta = .17$ ,  $t = 2.84$ ,  $p < .01$ ). Third, issue elaboration involvement accounted for a significant proportion of the variance in compliance ( $\beta = .32$ ,  $t = 5.44$ ,  $p < .01$ ). When ad type and issue elaboration involvement were both included in the regression equation, however the impact of ad type was still significant ( $\beta = .13$ ,  $t = 2.26$ ,  $p = .02$ ). In addition, the impact of issue elaboration involvement

remained significant ( $\beta = .30, t = 5.13, p = .01$ ). These results suggested that ad type did not affect help seeking only via its influence on issue elaboration involvement, failing to support Hypothesis 2c.

There was a significant effect of ad type on ad vividness ratings,  $F(1, 262) = 13.69, p < .01$ . Participants who read the narrative ads rated them as more vivid ( $M = 4.20, SD = 1.39$ ) than participants who read the argument ads ( $M = 3.58, SD = 1.35$ ), supporting Hypothesis 3a.

As expected, the main effect of ad type on efficacy in identifying friends and family with depression was significant,  $F(1, 262) = 5.20, p = .02$ . Participants who read the narrative ads believed that they were better able to identify friends and family with depression ( $M = 4.29, SD = 1.76$ ) than were participants who read the argument ads ( $M = 3.83, SD = 1.52$ ). This result supported Hypothesis 3b.

Four regression analyses were conducted to test the mediation model proposed in Hypothesis 3c. First, ad type had a significant impact on vividness perception ( $\beta = .22, t = 3.68, p < .01$ ). Second, ad type had a significant impact on identification efficacy ( $\beta = .14, t = 2.28, p = .02$ ). Third, ad vividness accounted for significant variance in identification efficacy ( $\beta = .22, t = 3.72, p < .01$ ). Finally, when ad type and involvement were both in the equation, the impact of ad type was not significant ( $\beta = .09, t = 1.53, p = .13$ ), whereas the impact of ad vividness remained significant ( $\beta = .20, t = 3.30, p < .01$ ). Therefore, Hypothesis 3c was supported, indicating that vividness of the ad mediates the relationship between ad type and efficacy in identifying friends or family who suffer from depression.

## Discussion

This study shows that narrative advertising, which depicts individual stories of depression, was more likely than argument ads to draw participants into the personal histories of depressed individuals and engage participants in experiential immersion. In this process of immersion, readers of narrative advertising might experience mediated contacts with people suffering from depression that could serve to lower the perceived distance between themselves and people with depression. This kind of simulated experience and immersion might have led to a reduction in stigmatizing attitudes toward people with depression. As a result, participants expressed greater sympathy toward people with depression after exposure to narrative advertising as opposed to argument advertising. Past research has shown that people who are familiar with the signs and symptoms of depression are less likely to believe that depressed individuals are dangerous, and are therefore less likely to express fear of depressed persons or to attempt to distance themselves from depressed persons socially (Angermeyer, Matschinger, & Corrigan, 2004). In addition, Reinke and colleagues (2004) showed that videotaped contacts with individuals suffering from depression significantly reduced the social distance that participants perceived between themselves and depressed individuals, as compared with participants in the control condition who did not receive such exposure.

Findings of this study also indicate that narrative advertising motivated participants to engage in issue elaboration and encouraged them to seek professional help. There are many possible reasons why people are reluctant to seek professional help when they are depressed. For example, people may not be aware of what treatment options are available and which are likely to be more effective. As mentioned in the introduction, more Taiwanese seek help through religion than seek help from

professional psychiatrists (Tung Foundation, 2003). Also, stigmatizing perceptions are associated with mental disorders such as depression (Jorm et al., 2000). Once diagnosed with depression, people may suffer the effects of discrimination. Finally, there is a widespread belief that depression may alleviate over time and that individuals have some control over the effects of depression. Therefore, it is important to understand how to enhance depression awareness and help people surmount these obstacles to seeking help.

This study argues that people who elaborate more on the issue of depression will better understand the consequences associated with depression if it is left untreated. This better understanding then effectively encourages people's willingness to seek help. The results of the present study showed that even though narrative advertising generated higher levels of issue elaboration involvement and more willingness to comply, however, enhanced issue elaboration involvement did not function as a mediator between ad type and compliance. Instead, narrative advertising directly enhanced behavior compliance.

Finally, the results of the present study also showed that information presented in narrative advertising was perceived as more vivid than information presented in argument-based advertising. It is important to note that the visuals in the two ads were held constant, and therefore the fact that narrative ads were rated as more vivid must be due to the different way in which the written information was presented. Thus, the perceived vividness of the ad is better accounted for by the ad-induced mental imagery. As argued in the literature review, narrative advertising is more likely to create mental simulation that contributes to the perceived vividness of the ad. Importantly, drawing upon the views of Carroll (1978) and Taylor and Schneider (1989), this study argues that vividness in advertising may render the content more valid and can thereby increase estimates of the likelihood of suffering from depression. This likelihood perception may reduce the denial of depression among friends and family members and provide people with greater efficacy in identifying friends and family suffering from depression. The findings of this study confirmed these predictions, with ad vividness mediating the relationship between ad type and participants' efficacy in the identification of depression.

According to Reiger and colleagues (1988), the National Institute of Mental Health's (NIMH's) public education campaign for the Depression Awareness, Recognition, and Treatment Program has three objectives: (1) to change public attitudes about depression, (2) to motivate people to seek help or professional treatment for this disorder, and (3) to increase the public's knowledge of the symptoms associated with depression. As shown in this study, narrative advertising is more effective than argument advertising in terms of evoking sympathy toward people suffering from depression, encouraging depressed persons to seek effective treatments, and developing identification efficacy. These three effects correspond well with the three objectives set forth by the NIMH.

The present study explored three possible applications of narrative advertising that originate from three of its unique characteristics, namely, its ability to engage readers in experiential immersion, to encourage issue elaboration, and to generate vivid mental imagery. The advantages of narrative advertising in promoting health issues, however, may not be limited to these characteristics alone. Other possible effects of narrative advertising may be explored, including the elicitation of empathy or the induction of mental transportation, which have been shown to increase ad persuasion (Escalas & Stern, 2003; Green & Brock, 2000).

Suicide is the second leading cause of death for young people (ages 15 to 24), and the ninth leading cause of death for the general population in Taiwan. Ninety percent of such suicides occur among people suffering from depression (Ker, 2005). Unfortunately, many Taiwanese people lack mental health literacy. Efforts aimed at raising awareness of depression can reduce the public's negative attitudes toward people with this illness, help them identify when they or significant others may be suffering from depression, and encourage them to seek appropriate help when feeling depressed. As prior research has demonstrated, depression that is undiagnosed, untreated, or undertreated, may result in an enormous cost to society (Regier et al., 1988). Therefore, developing effective advertising strategies to help college students and the general public develop mental health literacy is important. This study has shown that using narratives is an effective persuasion strategy.

Fogel and Ford (2005) found that Asian Americans held more stigmatizing attitudes about depression than European Americans. Asian Americans were more likely to feel embarrassed if their friends or employers discovered that they were suffering from depression than their European American counterparts. There are also heightened expectations of family disappointment for Asian Americans who suffer from depression. It appears that Asians in general, including Taiwanese, possess more stigmatizing attitudes toward depression than people living in the United States or from other Western cultures. In cultures where depression is stigmatized, reducing negative perceptions of people suffering from depression should be an important goal. Argument advertisements that list symptoms of depression can provide important information but may fail to diminish the social distance that members of the general public perceive between themselves and those suffering from depression.

When developing ad campaigns to increase public awareness of depression, it is important to take stigmatizing public attitudes into account. For example, Christensen and Griffiths (2000) suggested that the Internet may present an effective media tool for raising awareness of mental illnesses such as depression. People with depression may feel more comfortable searching for information online or electronically connecting with people who suffer from similar symptoms. Depression awareness campaigns, however, also should be directed toward the general public. Increasing awareness of depression among the general public can encourage people to show less avoidance of those suffering from this disorder and to be more supportive, which can serve to cushion the debilitating effects of depression.

It is important to note that narratives place greater demands on cognitive processing capacity. Chang (in press) showed that when individuals are involved in processing editorial articles that consume cognitive resources, they lack the capacity to process narrative advertising. Under these circumstances, the superior effectiveness of narrative advertising compared with argument advertising is attenuated. Therefore, the effectiveness of narrative advertising also hinges on situational factors. This could be one direction for future investigation.

Findings of this study should be interpreted with consideration of its limitations. First, print advertisements, rather than television advertisements, were used as the stimuli. Narratives in print ads may be less effective at engaging the audience than narratives in television ads. This could explain why the mean for experiential immersion for narrative advertising was only 4.05, which is not much different from the midpoint (4.00) of the scale. Future research also should explore the effectiveness of narrative television advertising. Second, the most common procedure used to

assess participants' abilities to identify those who suffer from depression is to show to them vignettes depicting persons suffering from depression. This study, however, applied a scale that tapped participants' perceived efficacy in identifying friends and family members when they suffer from this mental disorder. Future research should replicate this study but employ other efficacy measures. Finally, this study only measured post-treatment responses. A robust design would measure attitudes or sympathy toward those who suffer from depression both prior to and after the experimental treatment. Regardless of these limitations, the findings of this study illustrate the utility of narrative advertising in enhancing mental health literacy.

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Appendix 1.	
Narrative advertisement	Argument advertisement
<p><b>Depression may be destroying your life!!</b> A melancholy violin tune permeated the evening air, slowly and lonely. It used to be from a college student, Chien.</p> <p>“The violin can only be a hobby. You should get a master’s degree in order to get a decent job. You are not so naïve that you believe you can earn a living playing the violin, are you?” said her mother with a sarcastic voice.</p> <p>With her mother’s voice echoing in the dark room, Chien lost her interest in violin. She kept thinking, “Why is everything I do wrong except for studying? I have taken one exam after another. Why should I take the exams for graduate school like everyone else?” Her thoughts kept her awake all night as they had many other nights. Under the bed, the violin she used to love was hidden.</p> <p>At campus, everyone was talking about taking exams for graduate programs.</p> <p>“Chien, what programs are you interested in?” asked one of her classmates.</p>	<p><b>Depression may be destroying your life!!</b> Do you understand depression? Think about how your life will change if these symptoms develop.</p> <p><b>Sleeplessness or insomnia</b> One of the most common symptoms for those who suffer from depression is insomnia. With erratic sleep, you cannot have a full night’s rest.</p> <p><b>Sadness</b> Depressed people often are swamped by their sadness, and they start to lose interest in people and things about which they used to care.</p> <p>They are reluctant to communicate with others and can not gain timely support from others.</p> <p><b>Suicidal thoughts</b> When depressed people cannot get relief from their sadness, they think about committing suicide to end their suffering. Suicidal thoughts keep coming back. Don’t let depression disrupt the rhythm of your life.</p>

She kept walking without responding to this question, thinking, “No one understands what I want. I live in my lonely shell.” The moment she gets home, she crawls into the corner of her room. She doubts the value of her mere existence. She thinks about ending everything. With a knife in her trembling hand, her only thought is, “If I do it, will all my suffering end?”

Tips for combating depression

- **Don't isolate yourself:** Get outdoors and notice anything that is colorful and pleasing to your senses.
- **Try to relax:** Depression frequently is associated with tension and stress. Find out what helps you relax, and give yourself time to unwind.
- **Share experiences:** Talking to a positive and supportive friend or relative will help. It also will make you feel less isolated.
- **Plan your work and sleep schedules:** Don't work through much of the night and start every day feeling exhausted, because constant fatigue can be a critical trigger for depression.

- **Seek professional help:** Talk to your family doctor or a psychiatrist for professional help.

**Call the depression hotline:** 2259-1999.

Keep your spirits high and face your life with optimism.

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