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Cancer Patients Versus Cancer Survivors:

Social and Emotional Consequences of Word Choice

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Abstract

Two studies examined the social and emotional implications of different linguistic classifications of individuals with cancer. Undergraduates were randomly assigned to rate their reactions to either cancer patients or cancer survivors. Across studies, participants held more favorable perceptions of the character of cancer survivors relative to cancer patients and displayed more positive attitudes toward the former group. In addition, participants in Study 1 reported greater willingness to interact with cancer survivors compared with cancer patients. Positive perceptions of prognosis did not appear to account for favorable attitudes toward cancer survivors; most participants in Study 2 did not assume that cancer survivors were beyond the treatment phase of their illness or cured of their disease. Findings point to a potentially powerful effect of word choice on reactions to individuals with cancer.

Keywords

cancer; perceptions; attitudes

People with serious physical illnesses such as cancer often experience some degree of social isolation or rejection (e.g., Fife & Wright, 2000; Wilson & Luker, 2006; Wright & Frey, 2007). Indeed, observers' reactions to people with physical illnesses may include negative attitudes and emotions (e.g., anxiety, irritation) as well as social avoidance (e.g., Dijkster & Koomen, 2003; Silver, Wortman, & Crofton, 1990; Weiner, Perry, & Magnusson, 1988). Thus, stigmatization may involve decrements in social support and employment opportunities that, in turn, may negatively affect mental health and self-concept (e.g., Lee, Kochman, & Sikkema, 2002; Mellette, 1985; Wingood et al., 2007).

Whereas most theories of stigmatization encompass responses across various marginalized groups (e.g., Lerner & Miller, 1978; Weiner, 1986), Wortman and Dunkel-Schetter (1979) formulated a theoretical analysis specific to cancer. A central proposition of their theory is that conflict between cancer-related fears and aversion and the maintenance of a socially acceptable, optimistic facade may foster ambivalence toward persons with cancer and anxiety over interacting with them. Thus, responses of acquaintances and socially significant others may include (a) physical avoidance of the person with cancer, (b) avoidance of open communication about the cancer diagnosis and its consequences, or (c) forced cheerfulness or minimization of the illness and its consequences. Consequently, the person with cancer may feel rejected or abandoned by others. Research suggests that this model may be more

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applicable to interactions with friends and acquaintances than to interactions with close family members (Dakof & Taylor, 1990).

It is important to assess whether the linguistic classification of individuals with cancer influences social responses. For example, two *New York Times* articles discussed the use of the term *cancer survivors* to describe the nearly 10 million people who have been diagnosed with cancer in the United States (Kolata, 2004a, 2004b). Dr. Fitzhugh Mullan (1985) introduced this term in an essay on his own cancer experience in the *New England Journal of Medicine*. Some people with cancer believe that the term “survivor” contributes to misperceptions, such as the belief that they are cured of the disease (Kolata, 2004b), whereas others find the phrase to be a suitable or even empowering description of their life-threatening experience. Perhaps using the term *cancer survivor* helps to counteract the association of cancer with death (e.g., Wright, Sparks, & O’Hair, 2008). In addition, cancer survivors may be viewed as those who actively cope with a disease that is controllable or in remission, rather than passive patients who have little influence on the course of their illness. Experimental evidence suggests that attempts to positively cope with serious illness may result in favorable social responses (Schwarzer & Weiner, 1991; Silver et al., 1990).

Although the term *patient* carries negative historical and emotional overtones (e.g., passivity, inferior status, and suffering; Deber, Kraetschmer, Urowitz, & Sharpe, 2005; Herxheimer & Goodare, 1999; Reeder, 1972), people who are receiving health care find the label “patient” to be much less objectionable than alternatives such as survivor or consumer (e.g., Deber et al., 2005; Lloyd, King, Bassett, Sandland, & Savage, 2001; Nair, 1998). For example, a study of Canadian individuals with breast or prostate cancer found that the vast majority (79% and 91%, respectively) liked the label “patient,” whereas a small minority (22% and .5%) liked the label “survivor” (Deber et al., 2005).

To our knowledge, Studies 1 and 2 are the first to test whether use of the terms *cancer patients* or *cancer survivors* influences observers' social distancing and perceptions of people who have been diagnosed with this disease. First, we hypothesized that participants would endorse more positive perceptions of the character of cancer survivors and more positive attitudes toward this group relative to cancer patients. In addition, we predicted that participants would rate cancer survivors as having experienced greater positive life changes or posttraumatic growth relative to cancer patients and would be more willing to interact with the former group. Second, we predicted that participants' ratings of perceived illness severity would be greater for cancer patients relative to cancer survivors because the latter term may be associated with disease remission. Third, we hypothesized that women would respond more favorably than men would to both cancer patients and survivors. This finding would be consistent with some evidence that women have more positive attitudes than men toward those with illnesses and disabilities (e.g., Herek & Capitanio, 1993; Olkin & Howson, 1994; Strohmer, Grand, & Purcell, 1984), although results have been mixed (Satcher & Hendren, 1991). Finally, we explored associations between participants' own cancer-related experiences and the dependent variables.

Study 1

Method

Participants—A total of 210 undergraduate students (64.8% female) were recruited from the psychology department research participant pool at a state university in the northeastern United States. Participants ranged in age from 17 to 25 years ($M = 18.71$, $SD = 1.31$) and reported the following racial/ethnic backgrounds: European American/White, 64.8%; African American/Black, 10.0%; Asian/Pacific Islander, 8.6%; Latino/a/Hispanic, 7.1%; Native American, 1.9%; other, 2.9%; not reported, 4.8%.

Procedure—Participants were informed that this study was designed to examine perceptions of individuals with physical illness. After providing informed consent, participants were randomly assigned to complete questionnaires that referred to either cancer patients ($n = 102$) or cancer survivors ($n = 97$) without providing a definition of either term. For example, the instructions for completing the scale that assessed perceived illness severity asked participants to “Respond to each statement by circling one number under the description that best matches your knowledge of cancer patients [survivors].” All responses were made anonymously by the participants in groups that ranged in size from 15 to 30 people. Students received course credit for their participation.

Measures

Perceptions of character: Items selected from Osgood's (1957) widely used scale assessed perceptions of the character of cancer patients or survivors. These two groups were rated on seven dimensions (*good–bad, clean–dirty, honest–dishonest, strong–weak, pleasant–unpleasant, successful–unsuccessful, wise–foolish*) using a 7-point response format. Prior research on reactions to individuals with HIV infection has used these seven items, and internal consistency was reported to be .94 (McBride, 1998). Scores could range from a very favorable evaluation score of 7 to a very unfavorable evaluation score of 49. Internal consistency reliability for the present research was .84.

Attitudes: The Personal Attribute Inventory (PAI; Parish, Bryant, & Shirazi, 1976) is a scale with strong reliability and validity that assesses attitudes toward various groups, including those with physical disabilities (e.g., Eberly, Eberly, & Wright, 1981; Hortin & Parish, 1981). This measure was designed to emphasize the affective rather than the cognitive and behavioral components of attitudes. Participants were instructed to mark 30 words from a list of 50 negative adjectives (e.g., gloomy) and 50 positive adjectives (e.g., cheerful) that appear to be typical of cancer patients or survivors. Total scores were the number of negative adjectives marked by each participant.

Social distance: The Social Distance Scale (SDS; Bogardus, 1928) is a widely used, 7-item measure of willingness to interact with various groups, including those with mental and physical illnesses (e.g., Corrigan et al., 2001; Eisenman, 1972; Link, Cullen, Frank, & Wozniak, 1987). This scale has excellent reliability and validity (Holmes, Corrigan, Williams, Canar, & Kubiak, 1999; Penn et al., 1994). In this study, participants completed the scale with reference to their social distance from cancer patients or survivors. A sample item is “How would you feel having a cancer patient [survivor] as a neighbor?” Each question was rated on a 4-point Likert-type scale from 0 (*definitely willing*) to 3 (*definitely unwilling*). Internal consistency reliability for the present research was .86.

Posttraumatic growth: Developed by Tedeschi and Calhoun (1996) to assess positive changes following trauma, the 21-item Posttraumatic Growth Inventory (PTGI) yields a total score and five subscale scores: new possibilities, relating to others, personal strength, spiritual change, and appreciation of life. Participants rated items with reference to changes that typically occur in cancer patients' or survivors' lives as a result of their crisis (i.e., cancer; 0 = They do not experience this change as a result of their crisis, 5 = They experience this change to a very great degree as a result of their crisis). The scale possesses adequate reliability and concurrent and discriminant validity (Tedeschi & Calhoun, 1996). Coefficient alpha for the PTGI total score was .90. The appreciation of life subscale was not analyzed due to a low coefficient alpha (.56), whereas alphas for the other subscales ranged from .64 to .81.

Perceived illness severity: For the present research, the Professional Illness Effects Questionnaire (Pro-IEQ; Greenberg & Peterson, 1995) measured appraisals of the biopsychosocial effects of cancer for patients or survivors. Greenberg and Peterson (1995) documented this scale's psychometric properties, including adequate test-retest and internal consistency reliability. Each of the 20 items was rated on an 8-point Likert-type scale from 0 (*disagree a lot or never*) to 7 (*agree a lot or always*) with higher scores indicating greater perceived illness severity. A sample item is "This illness should be of major concern to patients [survivors]." Internal consistency reliability for the present research was .86.

Cancer-related experiences: A measure of cancer-related experiences was adapted from Alexander and Link's (2003) contact questionnaire. Sample items include: "Have you had a close friend who has ever been diagnosed with cancer?" and "How frequently are you in a public place where you see someone who seems to have a cancer diagnosis?" Following the method of Alexander and Link (2003), each item was scored 1 if *yes* and 0 if *no* with one exception; the item on frequency of public contact was scored as follows: 1 = *often*, 0.67 = *sometimes*, 0.33 = *almost never*, 0 = *never*. The items were summed to compute a total contact score.

Results and Discussion

Table 1 shows means and standard deviations for each dependent variable as a function of group assignment (i.e., rating cancer patients or cancer survivors). Results of an analysis of variance (ANOVA) indicated that group assignment accounted for 3.7% of the variance in perceived illness severity. As hypothesized, participants rated cancer patients' illness as more severe compared with that of cancer survivors.

Initial analyses that included participant gender as a factor revealed no significant main or interaction effects; therefore the data were collapsed across participant gender for all subsequent analyses. In addition, participants' degree of contact with persons with cancer was not associated with any of the dependent measures (all $ps > .10$), with the exception of social distancing. Greater contact with persons with cancer was associated with less social distancing toward cancer patients or survivors ($r = -.18, p < .05$). Inclusion of this variable as a covariate did not alter the results, and, thus, it was excluded from the final analyses. A between-subjects multivariate analysis of variance (MANOVA) was performed on four dependent variables: perceptions of the character and posttraumatic growth of cancer patients/survivors, attitudes toward cancer patients/survivors, and social distance from cancer patients/survivors. The independent variable was group assignment. A total of 11 cases with missing values were deleted, resulting in a total of 199 cases for the analysis.

Using the Wilks's criterion, the combined dependent variables were significantly related to group assignment, Wilks's $\Lambda = .70, F(4, 194) = 20.49, p < .001$. Table 1 shows the results of the univariate tests of each dependent variable. As hypothesized, participants endorsed more favorable perceptions of the character of cancer survivors and more positive attitudes toward this group relative to cancer patients. Also consistent with hypotheses, participants reported greater willingness to interact with cancer survivors relative to cancer patients. Contrary to predictions, no significant difference was found between cancer patients and survivors with regard to their perceived posttraumatic growth. Indeed, mean PTGI total scores for both experimental conditions ($M = 96.92$ for cancer patients and $M = 101.23$ for cancer survivors) approached the maximum possible score for this measure (105). A second MANOVA was conducted with group assignment as the independent variable and all subscales of the PTGI, except appreciation of life, as dependent variables. The combined dependent variables were significantly related to group assignment, Wilks's $\Lambda = .94, F(4, 203) = 3.42, p < .05$. Univariate tests revealed that only personal strength varied as a function of experimental

condition, $F(1, 206) = 9.64, p < .01$. Cancer survivors were viewed as possessing greater personal strength ($M = 19.30, SD = 2.84$) relative to cancer patients ($M = 17.95, SD = 3.37$).

Further research is needed to explore the possibility that use of the term *survivor* counteracts the association of cancer with death. The view of cancer survivors as having a controllable illness may contribute to positive perceptions of this population. Study 2 was conducted to replicate the present findings and to elucidate whether cancer survivors are generally presumed to be “cured” or beyond the diagnostic and treatment phase of the illness.

Study 2

Participants were randomly assigned to rate their reactions to either cancer patients or cancer survivors, as in Study 1. In addition, participants described cancer patients and cancer survivors during structured interviews. On the basis of prior research (e.g., Schwarzer & Weiner, 1991; Silver et al., 1990; Stanton, Danoff-Burg, Cameron, Snider, & Kirk, 1999), we continued to hypothesize that participants would report more positive perceptions of the character of cancer survivors and more positive attitudes toward this group relative to cancer patients. In addition, we hypothesized that participants would rate cancer survivors as having experienced greater positive life changes or posttraumatic growth relative to cancer patients and would be more willing to interact with the former group. We predicted that participants' ratings of perceived illness severity would be greater for cancer patients relative to cancer survivors and that the latter term would be associated with the period beyond cancer treatment and disease remission. Finally, we explored associations between participant gender and personal cancer-related experiences and the dependent variables.

Method

Participants—A total of 161 undergraduate students (67.7% female) were recruited from the psychology department research participant pool at a state university in the northeastern United States. Participants were primarily 18 to 21 years of age (95.7%) and reported the following racial/ethnic backgrounds: European American/White, 60.2%; African American/Black, 12.4%; Latino/a/Hispanic, 12.4%; Asian/Pacific Islander, 9.3%; other, 3.1%; not reported, 2.5%.

Procedure and measures—After providing informed consent, participants were randomly assigned to complete questionnaires that referred to either cancer patients ($n = 79$) or cancer survivors ($n = 82$) without providing a definition of either term. All responses were made anonymously by the participants in groups that ranged in size from 1 to 8 people. Subsequently, each participant completed an interview in a private room with an experimenter. Participants in the cancer survivor condition were asked about their perceptions of cancer survivors prior to their perceptions of cancer patients, whereas the reverse occurred for participants in the cancer patient condition. The experimenter first asked the participant to “please provide your own definition of the term, cancer survivor [patient].” The experimenter asked the participant to elaborate if his or her response was unclear and recorded the participant's response. Then the experimenter stated “Please choose the response that best matches your perceptions of cancer survivors [patients]” and read the following response options: none of them are undergoing treatment, some of them are undergoing treatment, most of them are undergoing treatment, or all of them are undergoing treatment. Participants were asked to choose one of the following response options with regard to cancer survivors: none of them are cured of cancer, some of them are cured of cancer, most of them are cured of cancer, or all of them are cured of cancer. Students received course credit for their participation.

We examined the same outcome measures as in Study 1. Cronbach's alphas for each of the measures were as follows: $\alpha = .85$ for the perceptions of character scale; $\alpha = .90$ for the SDS; $\alpha = .92$ for the PTGI total score; $\alpha = .70$ to $\alpha = .83$ for subscales of the PTGI; and $\alpha = .85$ for the illness-effects questionnaire.

Results and Discussion

Attitudes Toward Cancer Patients and Survivors

Table 1 shows means and standard deviations for each dependent variable as a function of group assignment (i.e., rating cancer patients or cancer survivors). Initial analyses that included participant gender as a factor revealed no significant main or interaction effects; therefore the data were collapsed across participant gender for all subsequent analyses. In addition, participants' degree of contact with persons with cancer was not associated with any of the dependent measures (all $ps > .10$) and, thus, we excluded this variable from the final analyses. A between-subjects MANOVA was performed on four dependent variables: perceptions of the character and posttraumatic growth of cancer patients/survivors, attitudes toward cancer patients/survivors, and social distance from cancer patients/survivors. The independent variable was group assignment. Eight cases with missing values were deleted, resulting in a total of 153 cases for the analysis.

Using the Wilks's criterion, the combined dependent variables were significantly related to group assignment, Wilks's $\Lambda = .83$, $F(4, 148) = 7.77$, $p < .001$. Table 1 displays the results of the univariate tests of each dependent variable. Consistent with hypotheses and the results of Study 1, participants endorsed more favorable perceptions of the character of cancer survivors and more positive attitudes toward this group relative to cancer patients. Contrary to hypotheses, participants did not report greater willingness to interact with cancer survivors relative to cancer patients. In addition, no significant difference was found between cancer patients and survivors with regard to their overall posttraumatic growth. A second MANOVA indicated that the combined PTGI subscales were related to group assignment, Wilks's $\Lambda = .89$, $F(5, 155) = 4.03$, $p < .01$. Univariate tests revealed that only perceptions of personal strength significantly varied between conditions, with cancer survivors receiving higher ratings than cancer patients, $F(1, 159) = 8.13$, $p < .01$, ($M = 19.12$, $SD = 3.25$ vs. $M = 17.62$, $SD = 3.45$).

Two independent judges documented the number of positive and negative adjectives that referred to the character or emotional state of cancer patients and survivors in participants' definitions of these groups. Four discrepancies across judges in the frequency count were found, and one adjective was identified by only one judge. Disagreements among judges were discussed so that consensus was reached to create a final set of scores to be used in statistical analyses. Significantly more positive adjectives were used to describe cancer survivors ($M = .40$, $SD = 0.78$) relative to cancer patients ($M = .11$, $SD = 0.38$), $t(160) = 5.02$, $p < .001$. The most common positive adjectives in the descriptions of cancer survivors and patients were strong ($n = 30$ vs. $n = 10$) and determined ($n = 11$ vs. $n = 4$). Conversely, more negative adjectives were used to describe cancer patients ($M = .11$, $SD = 0.33$) relative to cancer survivors ($M = .01$, $SD = 0.08$), $t(160) = -3.72$, $p < .001$. The most common negative adjectives in the descriptions of cancer patients were weak ($n = 7$) and scared ($n = 2$). When examining all of the descriptions of cancer survivors, only one negative adjective (i.e., weak, $n = 1$) was found.

Perceptions of Illness Severity

Results of an ANOVA indicated that group assignment accounted for 4.2% of the variance in perceived illness severity. As hypothesized, participants rated cancer patients' illness as more severe compared with that of cancer survivors.

Participants ($n = 161$) reported the following responses with regard to their perceptions of the treatment status of cancer patients and cancer survivors, respectively: none of them are undergoing treatment, 5.6% and 3.1%; some of them are undergoing treatment, 35.4% and 22.4%; most of them are undergoing treatment, 36.0% and 65.2%; all of them are undergoing treatment, 23.0% and 9.3%. Participants in the cancer survivor condition indicated that more cancer patients were undergoing treatment relative to cancer survivors, $t(81) = 43.14, p < .001$, whereas the reverse was found for participants in the cancer patient condition, $t(78) = 23.32, p < .001$.

Participants ($n = 161$) reported the following perceptions of the disease status of cancer survivors: none of them are cured of cancer, 4.3%; some of them are cured of cancer, 50.9%; most of them are cured of cancer, 32.9%; all of them are cured of cancer, 11.8%. Participants in the cancer patient condition indicated that more cancer survivors were cured of the disease relative to those in the cancer survivor condition, $t(159) = -2.71, p < .01$. Taken together, results suggest that more positive qualities are ascribed to cancer survivors relative to cancer patients, despite the common perception that many individuals in both categories confront ongoing, life-threatening illness.

General Discussion

Does use of the term *cancer survivor* counteract stigma and contribute to positive perceptions of individuals with this disease? When participants in Studies 1 and 2 were randomly assigned to rate either cancer patients or cancer survivors, more positive character perceptions and favorable attitudes were endorsed toward the latter group. In Study 1, participants also showed less social distancing toward cancer survivors relative to cancer patients. One potential explanation for these results is that use of the term *survivor* counteracted the association of cancer with death. Indeed, participants in both experiments rated the illness as more severe for cancer patients relative to cancer survivors. However, during interviews, most participants (88.2%) did not consider all cancer survivors to be cured of their disease, and majority of participants (74.5%) indicated that most or all cancer survivors are undergoing active treatment. Thus, participants did not generally associate cancer survivorship with being “cancer free.”

Although most participants thought that cancer patients and survivors face potentially life-threatening illness, the latter group was described in more heroic terms. Strong and determined were the most common adjectives in descriptions of cancer survivors' character, whereas strong and weak were the most common adjectives in descriptions of cancer patients' character. These findings suggest that participants held more ambivalent attitudes toward the latter group.

Many people in Western culture believe that confronting one's own mortality results in positive life changes or posttraumatic growth (Collins, Taylor, & Skokan, 1990). Such changes may include more productivity, wisdom, and meaningful relationships. Across studies, no significant differences were found between cancer survivors and cancer patients with regard to their perceived posttraumatic growth in multiple domains. However, in both experiments, the personal strength of cancer survivors was rated more highly than that of cancer patients. Furthermore, participants were more likely to use words associated with growth (e.g., strong) in their definitions of cancer survivors relative to their definitions of

cancer patients. Additional research is needed to elucidate the degree to which language (e.g., use of the term *cancer patient* or *cancer survivor*) may influence observers' perceptions of cancer-related posttraumatic growth.

Women and men did not report differential perceptions of cancer patients and survivors. Although some evidence suggests that women hold more favorable attitudes than men do toward those with physical illnesses and disabilities (e.g., Herek & Capitanio, 1993; Olkin & Howson, 1994; Strohmer et al., 1984), results have been mixed (Satcher & Hendren, 1991). Continued examination of the potential influence of gender in social evaluations of those with physical illnesses is warranted, as women report greater willingness to help affected individuals relative to men (Borchert & Rickabaugh, 1995; Schulte, 2002).

We used college student samples that were relatively homogenous with regard to age and ethnicity, and therefore additional research is needed to determine the generalizability of the results. Another limitation is the exclusive use of structured interviews and questionnaires to assess participants' reactions to cancer patients and survivors. Future research should include other methods of assessment, such as observer ratings of nonverbal signs of discomfort during interactions with people with cancer (Silver et al., 1990). In addition, a broader range of responses to those with cancer should be examined, including various affective reactions (e.g., anxiety, empathy) and willingness to engage in emotionally intimate relationships. The extent to which these responses may be moderated by characteristics of the person with cancer (e.g., cancer type and stage) and observer (e.g., death anxiety, illness-related fears) warrants investigation.

Despite limitations, results carry implications for theory and intervention. First, findings are consistent with Wortman and Dunkel-Schetter's (1979) theoretical analysis of social responses to individuals with cancer. As predicted by their theory, participants reported ambivalent responses to cancer patients and survivors. Participants tended to endorse the view that positive life changes (e.g., wisdom, relational intimacy) occur following a cancer diagnosis; however, participants also tended to endorse some negative perceptions of the character of cancer patients and survivors and negative attitudes toward these groups. Second, the endorsement of more positive responses to cancer survivors relative to cancer patients suggests that use of the term *survivors* may enhance the public image of those with this disease. However, it is important to note that some people who have been diagnosed with cancer do not wish to be labeled a "cancer survivor," and their viewpoint should be respected (Deber et al., 2005). Indeed, the President of the National Coalition for Cancer Survivorship indicated that many members of the organization dislike the term *cancer survivor* (Kolata, 2004b). Third, results point to the need for further educational interventions that address unfounded fears and negative stereotypes of individuals with cancer, thus improving general attitudes toward those with this disease. Practitioners and educators may promote sensitivity to the social consequences of labels such as "patient" or "survivor" by forming partnerships with the mass media (McDonnell, Lee, Kim, Kazinets, & Moskowitz, 2008; Neuhauser & Kreps, 2008) and encouraging respect for individual preferences regarding the use of such terms. In sum, the present findings point to a potentially powerful effect of word choice that should be considered when developing clinical and educational interventions aimed at improving the quality of life and social environment of those with cancer.

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Table 1

Means, Standard Deviations, and Group Comparisons

Outcome Variable	Group Assignment					
	Study 1			Study 2		
	Cancer Patients (<i>n</i> = 102)	Cancer Survivors (<i>n</i> = 97)	Univariate <i>F</i>	Cancer Patients (<i>n</i> = 79)	Cancer Survivors (<i>n</i> = 82)	Univariate <i>F</i>
Perceived illness severity	105.45 (14.89)	99.20 (17.21)	7.84**	102.72 (15.40)	96.09 (16.46)	6.89*
Perceptions of character ^a	22.18 (7.52)	15.35 (6.51)	46.81**	20.56 (7.64)	14.34 (6.47)	29.68**
Attitudes ^a	9.13 (6.34)	3.50 (4.20)	54.01**	7.95 (6.11)	5.19 (5.67)	7.98**
Social distance ^a	6.03 (4.04)	3.21 (3.44)	27.94**	4.60 (3.73)	3.57 (4.53)	1.53
Posttraumatic growth	96.92 (14.58)	101.23 (13.47)	4.67	96.06 (15.53)	98.66 (14.70)	1.10

Note: Standard deviations are in parentheses. Experiment-wise alpha level (excluding perceived illness severity) = .0125.

^aHigher scores indicate more negative perceptions of character and attitudes and a desire to maintain greater social distance.

* $p < .05$.

** $p < .0125$.