ASSOCIATIVE STIGMA AND FACTORS OF ASSOCIATION

By

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Individuals affiliated with primarily-stigmatized others may, due to this relationship, be affixed with *associative stigma*; this likelihood should increase with different factors of the relationship, each mediated by particular assumptions made by the perceiver. In our study, participants read vignettes about two roommates, one of them primarily-stigmatized, with high/low manipulations of three affiliation factors of interest. Participants then reported their perceptions of both the associatively-stigmatized and primarily-stigmatized roommates. Contrary to predictions, one affiliation factor (emotional attachment) decreased associative stigma, while the other two factors had no effect on it. Effects of the affiliation factors on primary stigmatization were comparable. Results suggest that increased emotional attachment may alleviate the effects of both primary and secondary stigmatization.

CHAPTER 1
INTRODUCTION

Erving Goffman (1963) defined a stigma as "an attribute that is deeply discrediting." According to Goffman, such an attribute can be a physical abnormality, a personality or character flaw, or a "tribal stigma" conferred by one's religion, race, or nation, so long as it has the effect of reducing the stigma-bearer's value in the eyes of society when possession of the stigmatizing attribute is brought to light, and usually results in the discriminative treatment of the stigma-bearer. A wide variety of groups face such social devaluation and rejection on an everyday basis, including those who are obese (Crocker, Cornwell, & Major, 1993), physically disabled (Farina, Sherman, & Allen, 1968), mentally ill (Farina, 1982) or retarded (Shears & Jensema, 1969), homosexual (Herek, 1984), African American (Brigham, 1974), blind (Scott, 1969), or diagnosed with HIV/AIDS (Weitz, 1990) or cancer (Bloom & Kessler, 1994).

Individuals affixed with a stigma face many difficulties as a result of their stigmatization, not the least of which is their difficulty in forging or maintaining relationships with nonstigmatized individuals who may prefer not to associate with people bearing such stigma. Indeed, non-stigmatized individuals who associate with stigma-bearers may become stigmatized themselves, that association becoming a deeply discrediting attribute of its own. This phenomenon has been termed *stigma by association* (Neuberg, Smith, Hoffman, & Russell, 1994)—known also as courtesy stigma (Goffman, 1963) or vicarious stigma (Corrigan & Miller, 2004)—and may involve difficulties similar to those that afflict the primarily-stigmatized (i.e., individuals possessing a stigma). Such relationships can cause otherwise "normal" individuals to suffer associative stigma and its resultant social devaluation and rejection.

Although little research has been conducted on associative stigma, that research which does exist has examined the phenomenon in the context of a number of types of social

associations, including friendships, romantic partnerships, occupational associations, and familial relationships. In particular, the stigmatizing effects of having a homosexual roommate (Sigelman, Howell, Cornell, Cutright, & Dewey, 1991) or friend (Neuberg et al., 1994), a physically disabled dating partner (Goldstein & Johnson, 1997), or a depressed, alcoholic, or incarcerated father (Mehta & Farina, 1988) have been studied.

Each of these studies found evidence for associative stigma by experimentally manipulating the stigma in question. In addition, Neuberg and colleagues found that, while a non-stigmatized individual incurred associative stigma as a consequence of associating with a primarily-stigmatized individual (a homosexual friend), the reverse did not take place—that is, the homosexual friend was not *de*stigmatized as a consequence of associating with a heterosexual. The interpersonal effects of social connections between primarily-stigmatized and associatively-stigmatized individuals would appear to be, based on this limited prior research, a one-way street.

However, much less attention has been given to how different types of *relationships* (or, more precisely, how distinguishing features of relationships) confer associative stigma. Sigelman and colleagues (1991) provide an exception. In addition to manipulating the discrediting attribute (sexual orientation) borne by the primarily-stigmatized individual, they also manipulated the nature of this individual's relationship with his heterosexual roommate, who was described as rooming with the homosexual either by choice or after being involuntarily assigned.

Sigelman et al. found that the heterosexual individual described as being involuntarily assigned to his roommate was not stigmatized by his association. So the volitional nature of an association can be considered one feature of a relationship affecting associative stigma.

As additional examples, an otherwise non-stigmatized individual could experience associative stigma as a result of relationships with either a coworker or a friend with a stigmatizing condition (e.g., an infectious, debilitating disease). These social connections, however, could differ greatly in several fundamental respects. A workplace association may involve a lot of time (e.g., 40 hours per week) spent together, but few feelings of emotional closeness. On the other hand, a friendship may involve far less face-to-face contact (e.g., fewer than five hours per week), but strong feelings of emotional closeness. Perhaps these possible differences in social connections lead to differences in the nature of the associative stigma. In the case of the relationship with the coworker, society may stigmatize the non-stigmatized individual because of an assumption that, as a result of the plentiful time spent in the diseased coworker's company, there is a very high chance that the associatively-stigmatized individual has also contracted the coworker's disease. On the other hand, in the case of the relationship with the friend, society may assume that the associatively-stigmatized individual's emotional closeness to the diseased friend burdens him or her with responsibility for the friend's welfare. This burden in turn could cause the associatively-stigmatized individual to require the aid of others, making him or her a less desirable relationship partner in the eyes of others and conferring associative stigma.

As this example suggests, it is necessary to identify exactly which critical features (e.g., volition of association, emotional closeness, frequency of contact, genetic relatedness) of these different types of relationships are responsible for the associative stigma. A coworker is different from a friend in many respects. Which of these respects are responsible for the differing injurious effects of a person's stigmatized relationship on their perceived social worth? Moreover, what are the inferential processes through which each relationship feature could exert its effects?

Toward an examination of these novel questions, the present study sought to test a framework for several dimensions of non-familial associations. The dimensions of interest were the volition of the relationship (i.e., how much the relationship is voluntary on the part of the associatively-stigmatized individual), frequency of contact (i.e., how much time the associatively-stigmatized individual spends in the company of the stigmatized relationship partner), and emotional attachment (i.e., how close the associatively-stigmatized individual feels toward the stigmatized relationship partner).

Contact Frequency

Social associations can vary in their *contact frequency*, the proportion of time that the associatively-stigmatized and stigmatized individuals spend in each other's company. Presumably, any time shared in this way provides opportunities for the stigma, if of an ostensibly contagious nature, to infect the non-stigmatized individual. The impact of such shared company is determined both by its context, and by the nature of the stigma in question. For example, time spent together in an Internet chat room is likely to be of little relevance when the stigmatizing attribute is a contagious disease (e.g., HIV/AIDS), but can become very relevant when the stigmatizing attribute is ideological, such as subscription to a deviant belief system (e.g., Satanism).

Assuming that the stigmatizing mark is perceived to be of a relevantly contagious nature, higher contact frequency should, on average, confer greater associative stigma on non-stigmatized individuals, an effect mediated by an *assumption of possession of the stigmatizing attribute*, in which perceivers assume that such associatively-stigmatized individuals have also come to possess the stigmatizing attribute itself. Non-stigmatized individuals who spend a great amount of time in the company of an individual bearing a contagious stigmatizing attribute (like a contagious disease) may be perceived as running an increased risk of becoming primarily

stigmatized themselves. This inference may lead an observer to stigmatize individuals in such relationships as if they themselves were in fact primarily stigmatized. As a result, this assumption may account for the effects of contact frequency within the stigma-by-association process (Mehta & Farina, 1988; Sigelman et al., 1991; Cottrell, 2000).

Perceived Volition

Social associations can also vary in their *perceived volition*, that is, the extent to which the associatively-stigmatized individual's association with a stigmatized person is viewed as being voluntary on the associatively-stigmatized individual's part (Cottrell, 2000). This factor of association bears parallels to one of the dimensions of stigma discussed by Jones et al. (1984): *origin*, which refers to how an individual came to bear a discrediting attribute. Much as, according to Jones et al., primarily-stigmatized individuals seen as responsible for the stigmatizing marks they bear will be stigmatized to a greater degree than those seen merely as innocent victims, so will associatively-stigmatized individuals seen as responsible for their relationship with a primarily-stigmatized individual be stigmatized to a greater degree than those seen as involuntarily thrust into their affiliation by forces beyond their control (as demonstrated by Sigelman et al., 1991).

The stigmatizing influence of a relationship partner's stigma is likely to increase as the relationship between the two is viewed as volitional on the part of the associatively-stigmatized individual, an effect that may be mediated by an *assumption of low relational value* of the associatively-stigmatized individual. Presumably, when forming relationships with one another, we prefer to enter into associations with people who will, due to some valuable trait or attribute, most benefit us personally. A person with a stigmatizing attribute makes a poor choice of such a relationship partner because such a discrediting attribute has the effect of decreasing that individual's social worth (or else the trait would not be stigmatizing). An observer may assume

that associatively-stigmatized individuals in voluntary relationships with stigmatized others offer little of value as relationship partners, else they would not have to "settle" for associating with people who are stigmatized (Mehta & Farina, 1988; Cottrell, 2000).

Emotional Attachment

Associations can also vary in their *emotional attachment*, the degree to which the associatively-stigmatized individual's sentiments toward the stigmatized individual are characterized by feelings of love, affection, and concern. Of interest here is the valence of the attachment—the extent to which the associatively-stigmatized individual's feelings toward the stigmatized individual are characterized by positive feelings.

The greater the associatively-stigmatized individual's emotional attachment to the primarily-stigmatized associate, the greater the degree of associative stigma perceivers will confer on the associatively-stigmatized individual as a result, an effect possibly mediated by an *assumption of relational obligations*. Presumably, the warmer this emotional attachment, the more motivated the associatively-stigmatized individual will be to invest time and effort into the well-being of the stigmatized other. As a result, a perceiver may leap to the conclusion that the associatively-stigmatized individual's relationship with the primarily-stigmatized individual places a burden on the associatively-stigmatized individual. Because someone so burdened may, in turn, require aid from others, the perceiver may stigmatize the associatively-stigmatized individual, so as to avoid burdens that the associatively-stigmatized individual might otherwise impose on the perceiver. In this way, the assumption of relational obligations may mediate the relationship between the associatively-stigmatized individual's emotional attachment to the stigmatized individual and the consequent associative stigma (Cottrell, 2000).

The three relationship dimensions (contact frequency, volition, and emotional attachment) described here do not account for all the factors of relationships that may differ in ways that

influence the stigma-by-association process. For example, relationships may also differ in the length of acquaintance as well as the genetic relatedness of the relationship partners, as well as in the degree that the associatively-stigmatized individual may be perceived as responsible for the stigmatizing condition possessed by their primarily-stigmatized relationship partner.

Additionally, the effects of these relationship dimensions on the process of associative stigmatization may be mediated by assumptions other than those described here. For example, the effect of volition on associative stigma may also, besides an assumption of low relational value, be mediated by an assumption of low moral standards (if the primary stigma is a deviant voluntary behavior). An assumption of low moral standards may also, besides an assumption of relational obligations, mediate the effect of emotional attachment on associative stigma. However, for purposes of the present study, the nature of the stigma of interest (possession of an incurable disease, one for which the stigma-bearer may not be responsible) constrained the choice of mediators to be examined.

Study Hypotheses

Our study explored the following: (1) the extent to which these three dimensions of relationships (contact frequency, volition, and emotional attachment) confer associative stigma; and (2) whether these effects are mediated by the described mediators (assumption of possession of the stigmatizing attribute, assumption of low relational value, and assumption of relational obligations, respectively). More specifically, the study experimentally manipulated these three relationship features within an ostensible roommate relationship between a primarily-stigmatized individual and an associatively-stigmatized individual, and then assessed participants' impressions of both individuals. Specific hypotheses were as follows:

- **Hypothesis 1a.** The level of contact frequency between a primarily-stigmatized individual and an associatively-stigmatized individual would affect associative

stigma such that greater contact frequency would produce greater associative stigma.

- **Hypothesis 1b.** The effect of contact frequency on associative stigma would be mediated by an assumption, on the part of the perceiver, of the associatively-stigmatized individual's possession of the stigmatizing attribute.
- **Hypothesis 2a.** The level of an associatively-stigmatized individual's volition in associating with a primarily-stigmatized individual would affect associative stigma such that greater volition would produce greater associative stigma.
- **Hypothesis 2b.** The effect of volition on associative stigma would be mediated by an assumption, on the part of the perceiver, of the associatively-stigmatized individual's low relational value.
- **Hypothesis 3a.** The level of an associatively-stigmatized individual's emotional attachment to a primarily-stigmatized individual would affect associative stigma such that greater emotional attachment would produce greater associative stigma.
- **Hypothesis 3b.** The effect of emotional attachment on associative stigma would be mediated by an assumption, on the part of the perceiver, of relational obligations required of anybody in an association with the associatively-stigmatized individual.

CHAPTER 2
METHOD

Participants

Participants were 173 students who were enrolled in an introductory psychology course and participated for partial satisfaction of a course requirement. The average age of the participants was 19.13 years (*SD* = 1.44). Of these, 51.4% identified themselves as *Caucasian/white,* and 25.4% identified themselves as *African American*. The remaining participants identified as *Asian American*, *Hispanic*, *Native American,* or "other." Females comprised 78% of the participants. One participant was identified as having participated in a prior phase of this same study. This participant's data were excluded from all analyses.

Procedure

After giving informed consent, participants were informed that they were participating in a study on friendship pairs that focused on roommates sharing one room, two-person dormitory units (ostensibly because this was the most convenient example of friendship pairs available for study). The participants were informed that they would be assisting in this research by providing ratings of different attributes of the roommates in one such pair.

The target roommates were of the same gender, with that gender matched to the gender of the participant. The target roommates were not referred to by name but, rather, "to protect the anonymity of the people participating in this study," were identified as Roommate X (the primarily-stigmatized roommate) and Roommate Y (the associatively-stigmatized roommate).

The participants were then presented with a brief essay ostensibly written by one of the roommates in the study: roommate Y. Participants were told that, before writing the essay, Y was provided the following instructions: "What we would like you to do now is write a very short essay (between 10 and 20 sentences in length) telling us a little about yourself, your roommate,

and your relationship with each other. This essay is very open-ended, and you can give us any information that you personally think is interesting or relevant. Remember that your responses will be kept completely confidential, so be as honest and detailed as you possibly can without going over the 20 sentence limit."

In addition to filler information intended to increase the believability of the essay, the essay indicated that roommate X has Hepatitis. Previous research suggests that contagious diseases (e.g., Weitz, 1990) often create primary stigma for their carriers—a necessary precondition to examine stigma-by-association. In particular, Hepatitis has been shown to be a stigmatizing disease (Crandall, 1991; Munoz-Plaza, Strauss, Astone, Des Jarlais & Hagan, 2004).

After describing this primarily stigmatizing attribute, the essay presented information about the roommates' relationship, including the experimental manipulations: three independent variables, each with two levels, making for a 2 x 2 x 2 design. Those variables were the following: volition of the social association (the essay indicated that Y either voluntarily chose to room with X, or was involuntarily assigned to room with X), frequency of contact (the essay indicated that, as a result of their respective class and work schedules, X and Y either spends very much to almost all of their waking time in the room together, or very little to almost none of their waking time in the room together), and emotional attachment (the essay indicated that X and Y are either very good friends, or not very good friends). Appendix A presents the instructions and essay that participants viewed.

Participants were prompted to read this essay a second time before proceeding to the measures, which asked participants to provide ratings of various characteristics of the two roommates and of their relationship with each other. This questionnaire contained conceptually-

related sets of items with Likert-type answer scales ranging from 1 to 7, each with two anchors, and measuring the dependent variables and proposed mediators as next described.

Measures of dependent variables

One set of items measured participants' (associative) stigmatization of Y (Appendix B). This set of seven items was identical to Crandall's (1991) modified version of Bogardus' Social Distancing Scale (1923), which Crandall used as a measure of stigmatization. An additional set of identical items measured participants' (primary) stigmatization of X (Appendix C).

Measures of mediators

Another set of seven items (Appendix D) measured Y's perceived relational value. Some of these items measured participants' perceptions of Y's success and ability at forming friendships (e.g., "How many close friends do you think Y (the writer of the essay) has?"). Participants were also asked to put themselves "in the shoes of people who know Y well" and to consider how they think "people who know Y would rate their relationship with him/her" on scales measuring the value of a relationship with Y (e.g., Unimportant/Important, Worthless/Worthwhile). In addition to these items, participants also responded to a 10-item "relational esteem" scale (Appendix E), a modified version of the Rosenberg Self-Esteem Scale (Rosenberg, 1989), reworded so that participants, instead of indicating their perceptions of their own worth, success, ability, and self-esteem, indicated their perceptions of Y's worth, success, ability, and self-perceptions.

Another set of 10 items (Appendix F) measured participants' assumptions of Y's possession of the stigmatizing attribute. These items consisted of health-related trait ratings of Y, in which participants rated the likelihood that Y experiences a number of ill effects (e.g., nausea and/or vomiting, headaches) on the reasoning that a person who has contracted a degenerative and debilitating disease can be expected to suffer unpleasant symptoms as a result.

A set of 13 items (Appendix G) measured participants' assumptions of Y's relational obligations. For these items, participants were asked to put themselves "in the shoes of people who know Y well" and to consider what they think such a relationship with Y is like. The items then measured their expectations of how much time, energy, and resources Y's friends must dedicate to helping Y, and also asked participants to indicate their expectations of the burdensomeness of such a relationship, as well as Y's reliance on his/her friends. This set also included trait ratings of the costs and benefits (e.g., Rewarding/Punishing, Overwhelming/Manageable) of a relationship with Y.

Measures of individual differences

Study participants may be reluctant to express attitudes that may be construed as prejudicial or intolerant. To help account for this tendency, I asked participants to respond to a modified version of Dunton and Fazio's (1997) motivation to control prejudice scale, a 17-item scale which measures the degree to which participants prefer to avoid prejudiced thoughts or behaviors, either because they violate personal standards or because they violate social norms (Appendix H). Because the original scale focuses on the respondent's efforts to control prejudice toward African Americans in particular, I modified the relevant original items to focus on respondent's efforts to control prejudice toward "someone different from people like me"; this minor modification should allow for the measurement of participants' motivation to control prejudice in general.

Manipulation checks

Finally, the questionnaire contained manipulation checks (Appendix I) in which participants were asked to indicate their perceptions of Y's volition in his or her relationship with the diseased roommate, the percent of time that Y spends in X's company, and Y's emotional attachment to X. A short, open-ended essay item prompted participants to recall information

from Y’s essay, to assess whether participants noted the information about X's stigmatizing condition.

Demographic items

After completing these measures, participants provided demographic data: gender, age, ethnicity, and religion (Appendix J). Finally, participants were thoroughly debriefed. None expressed dissatisfaction with their treatment, and a few expressed interest in the results of the study.

CHAPTER 3
RESULTS

Preliminary Analyses: Manipulation Checks and Composite Creation

To determine whether the manipulations had the desired effects on participants' perceptions of the relationship between the two target roommates, analyses of variance (ANOVAs) with contact frequency, perceived volition, and emotional attachment as between-subjects variables were conducted on participants' responses to each of the three manipulation checks: how much free time the roommates spend in each other's company (contact frequency), how much their relationship is voluntary on the part of the associatively stigmatized roommate (volition), and how much the associatively-stigmatized roommate likes the primarily-stigmatized roommate (emotional attachment).

For the item measuring the perceived amount of time the roommates spent in each other's company, the ANOVA revealed the desired main effect of contact frequency, F (1, 164) = 318.35, $p < .001$, partial eta-squared = .66, such that participants in the high contact frequency condition (M = 5.35, SD = 1.61) perceived the roommates as spending more time in each other's company than did participants in the low contact frequency condition (M = 1.95, SD = .66). In addition, the ANOVA revealed an unintended main effect of attachment on contact frequency, F (1, 164) = 11.30, $p < .01$, partial eta-squared =.06, such that participants in the high attachment condition (M = 4.08, SD = 2.10) perceived the essay writer as spending more time around his or her roommate more than did participants in the low emotional attachment condition (M = 3.46, SD = 2.11).

For the item measuring the perceived volition behind the associatively-stigmatized roommate's relationship with the primarily-stigmatized roommate, the ANOVA revealed the desired main effect of volition, F (1, 164) = 61.53, $p < .001$, partial eta-squared = .27, such that

participants in the high volition condition (M = 4.76, SD = 1.67) perceived the relationship as being more volitional on the associatively-stigmatized roommate's part than did participants in the low volition condition (M = 2.89, SD = 1.62). In addition, the ANOVA revealed an unintended main effect of attachment on perceived volition, F (1, 164) = 30.04, $p < .001$, partial eta-squared = .27, such that participants in the high attachment condition (M = 4.47, SD = 1.70) perceived the essay writer's relationship with his or her roommate as being more volitional than did participants in the low emotional attachment condition (M = 3.09, SD = 1.83).

For the item measuring the perceived emotional attachment of the associatively-stigmatized roommate to the primarily-stigmatized roommate, the ANOVA revealed the desired main effect of attachment, F (1, 164) = 232.36, $p < .001$, partial eta-squared = .59, such that participants in the high emotional attachment condition (M = 5.48, SD = .97) were perceived as being more emotionally attached to the primarily-stigmatized roommate than did participants in the low emotional attachment condition (M = 3.01, SD = 1.12). None of these ANOVAs revealed any significant interactions between the effects of these three factors on these measures.

Examination of participants' answers to the open-ended essay item prompting them to describe the information provided them by the essay showed that 150 of the 173 participants made mention, in their answers, of the primarily-stigmatized roommate's Hepatitis, illness, sickness, disease, or health, reassuring me that the essay's information about that roommate's stigmatizing condition did not go unnoticed.

After the reverse-scored items were reverse-coded, the internal reliability of the various scales was assessed by means of Cronbach alpha coefficients. The scales were shown to be internally consistent, as follows: α = .829 for stigmatization of the associatively-stigmatized roommate (roommate Y), α = .810 for stigmatization of the primarily-stigmatized roommate

(roommate X), α = .896 for assumption of the associatively-stigmatized roommate's relational value, α = .810 for assumption of the associatively-stigmatized roommate's relational esteem, α = .869 for assumption of the associatively stigmatized roommate's possession of the stigmatizing attribute, α = .881 for assumption of the associatively-stigmatized roommate's relational obligations, and α = .780 for motivation to control prejudice. Finding all alphas to be satisfactory, I averaged the responses to create composites for each scale.

Hypotheses 1a, 2a, 3a: Effects of Relational Factors on Associative Stigmatization

I predicted that higher levels of the three proposed features of association (frequency of contact, volition, and emotional attachment) would result in the associatively-stigmatized individual being affixed with higher levels of stigmatization. To test these hypotheses, I conducted a between-subjects analysis of variance (ANOVA) with contact frequency, perceived volition, and emotional attachment as between-subjects variables on stigmatization of the associatively-stigmatized roommate.[1] Means and standard deviations for the associative stigma measure across the three factors are shown in Table 3-1.

I predicted that contact frequency would exert a main effect on associative stigmatization such that higher contact frequency would confer greater associative stigma. This prediction was not supported by the main effect of contact frequency on associative stigma, which was nonsignificant, F (1, 165) = .56, p = .46, partial eta-squared < .01.

I also predicted that volition would exert a main effect on associative stigmatization such that higher volition would confer greater associative stigma. This prediction was not supported

[1] When an analysis of covariance (ANCOVA) was performed on these data with motivation to control prejudice included as a covariate, the significance of its effects did not differ from those found by the ANOVA. Therefore, I present just the straightforward ANOVA here.

by the main effect of volition on associative stigma, which was nonsignificant, F (1, 165) = .01, p = .90, partial eta-squared < .01.

I also predicted that attachment would exert a main effect on associative stigma such that higher attachment would confer greater associative stigma. Results revealed a significant main effect of attachment on stigmatization of the associatively-stigmatized roommate, F (1, 165) = 13.59, p < .01, partial eta-squared = .08. However, contrary to my prediction, the direction of this main effect was opposite that which I had predicted, such that the associatively-stigmatized roommate was stigmatized less when attachment was high (M = 3.36, SD = .93) than when attachment was low (M = 3.89, SD = .911). Tests for interactions between the three factors also revealed nonsignficant effects.

Hypotheses 1b, 2b, 3b: Mediation of Effects on Associative Stigmatization

I predicted that the effects of the three factors of association (frequency of contact, volition, and emotional attachment) on associative stigma would be mediated by assumptions of, respectively, possession of the stigmatizing attribute, low relational value, and relational obligations. I tested these hypotheses by testing for mediation in the manner recommended by Baron and Kenney (1986)—specifically, by first regressing the mediator on the factor of association, then by regressing stigmatization of the associatively-stigmatized roommate on the mediator, and finally by regressing stigmatization of the associatively-stigmatized roommate on both the mediator and the factor of association. If the factor of association affected the mediator in the first equation, the factor of association affected stigmatization in the second equation, and the mediator affected stigmatization in the third equation, and if the effect of the factor of association on stigmatization was less in the third equation than in the second, then mediation would be established. Whenever I found mediation, I conducted a Sobel test (1982) to confirm its significance.

The only factor of association to affect associative stigma was emotional attachment. Although the direction of this effect was the reverse of what I had predicted, I nonetheless tested whether this effect was mediated by the predicted assumption of relational obligations. Regression of participants' perceptions of relational obligations on attachment revealed that attachment was a significant predictor of perceptions of relational obligations, β = -.23, p < .01, such that higher attachment was associated with lower assumptions of relational obligations. That is to say, when the essay writer was depicted as being emotionally close to the disease-bearing roommate, participants perceived the essay writer as being less burdensome a relationship partner than when the essay writer was depicted as not being emotionally close to the disease-bearing roommate. Finding that attachment predicted assumptions of relational obligations, I then examined whether relational obligations predicted associative stigmatization. Regression of associative stigmatization on relational obligations revealed that relational obligations were a significant predictor of associative stigmatization, β = .54, p < .001, such that higher relational obligations were associated with higher stigmatization. I then examined whether relational obligations mediated the effect of attachment on associative stigma. When associative stigma was predicted from both relational obligations and attachment, I found that attachment was a lessened, though still significant, predictor of associative stigma, β = -.16, p < .05, and relation obligations partially mediated its prediction of associative stigma β = .50, p < .001. This partial mediation of the effect by assumptions of relational obligations was significant, Sobel = -2.81, p < .01.

Alternative Mediational Pathways

Although I made no other specific mediational hypotheses, I also tested whether this effect of attachment on associative stigma could be mediated by either of the other two assumptions.

To test whether participants' assumption of the associatively stigmatized roommate's possession of the stigmatizing attribute mediated the effect of attachment on associative stigma, I regressed the participant's assumptions of poor health on attachment, and found that attachment was not a significant predictor of assumption of poor health, $\beta = .003$, $p = .97$, ruling out its mediation of attachment's effect on associative stigma.

I also examined whether the measure of relational value and the measure of relational esteem, intended to be measures of the same construct, may have mediated attachment's effect on associative stigmatization. Though these two measures were significantly correlated with each other, $r = .54$, $p < .001$, I tested them separately for any mediational role each may have played in this effect of attachment. To test whether participants' assumption of the associatively stigmatized roommate's relational value mediated the effect of attachment on associative stigma, I first regressed assumptions of relational value on attachment, finding that attachment significantly predicted relational value, $\beta = .29$, $p < .001$, such that higher attachment was associated with higher relational value. I then regressed associative stigma on relational value, finding that relational value significantly predicted associative stigma, $\beta = -.53$, $p < .001$, such that higher relational value was associated with lower associative stigma. Finally, when associative stigma was predicted from both attachment and relational value, I found that attachment ceased to be a significant predictor (although its significance level was still marginal), $\beta = -.13$, $p = .054$, while relational value fully mediated its prediction of associative stigma, $\beta = -.49$, $p < .001$. This full mediation was significant (Sobel = -3.50, $p < .01$).

To determine whether the measure of relational esteem also mediated this effect of attachment on associative stigma, I first regressed relational esteem on attachment, finding that

attachment was not a significant predictor of relational esteem, $\beta = .13$, $p = .08$, ruling out its role as a mediator of attachment's effect on associative stigmatization.

Effects of Relational Factors on Primary Stigmatization

In exploratory analyses, I also tested whether the factors of association affected primary stigmatization. I conducted a between-subjects ANOVA with contact frequency, perceived volition, and emotional attachment as between-subjects variables on stigmatization of the primarily-stigmatized roommate (the roommate with Hepatitis).[2] Means and standard deviations for the primary stigmatization measure across the three factors are presented in Table 3-2.

This ANOVA revealed a significant main effect of attachment on primary stigmatization, F (1, 164) = 5.92, $p < .05$, partial eta-squared = .04, such that the primarily-stigmatized roommate was stigmatized less when attachment was high ($M = 4.03$, $SD = .91$) than when attachment was low ($M = 4.39$, $SD = .95$).

The ANOVA also revealed a significant volition by contact interaction, F (1, 164) = 5.42, $p < .05$, partial eta-squared = .03. Simple effect tests conducted on this interaction showed that, when contact was high (i.e., frequent), volition had a significant effect, F (1, 169) = 10.49, $p < .01$, partial eta-squared = .06, such that primary stigmatization was higher when volition was low ($M = 4.53$, $SD = .89$) than when it was high ($M = 3.91$, $SD = .93$). No other significant simple effects were found in this interaction.

[2] As with associative stigma, when an ANCOVA was performed on these data with motivation to control prejudice included as a covariate, the significance of its effects did not differ from those found by the ANOVA. Therefore, I again present just the straightforward ANOVA here.

Table 3-1. Associative stigmatization across all factors

Table 3-1. Associative stigmatization across all factors

	Low attachment	High attachment
Low volition		
Low contact frequency	3.77 (.98)	3.60 (.79)
High contact frequency	3.91 (.79)	3.18 (.88)
High volition		
Low contact frequency	4.00 (1.17)	3.34 (.94)
High contact frequency	3.86 (.76)	3.33 (1.06)

Note: Higher values indicate higher mean levels of stigmatization. Parenthetical values indicate standard deviations.

Table 3-2. Primary stigmatization across all factors.

Table 3-2. Primary stigmatization across all factors.

	Low Attachment	High Attachment
Low Volition		
Low Contact Frequency	4.28 (.95)	4.06 (1.00)
High Contact Frequency	4.53 (1.06)	4.53 (.67)
High Volition		
Low Contact Frequency	4.62 (.87)	3.84 (.77)
High Contact Frequency	4.12 (.86)	3.77 (.96)

Note: Higher values indicate higher mean levels of stigmatization. Parenthetical values indicate standard deviations.

CHAPTER 4
DISCUSSION

The present study sought to determine how certain factors of association (contact frequency, volition, and emotional attachment) would influence the degree of associative stigma conferred on a target in a relationship with a primarily-stigmatized other. I predicted that, when increased, these factors would confer greater associative stigma on the associatively-stigmatized target. In addition, I predicted that the greater associative stigma conferred by increased contact frequency would be mediated by an assumption of the associatively-stigmatized target's possession of the stigmatizing attribute, that the greater associative stigma conferred by increased volition would be mediated by an assumption of the associatively-stigmatized target's low relational value, and that the greater associative stigma conferred by emotional attachment would be mediated by an assumption of the associatively-stigmatized target's high relational obligations.

Effects of Relational Factors on Associative Stigmatization

In all, results did not support the study hypotheses. Contrary to predictions, none of the factors of association, when increased, conferred greater degrees of associative stigma. Furthermore, emotional attachment had the opposite effect; increases in emotional attachment resulted in the associatively-stigmatized roommate actually being stigmatized less.

The lack of any effect of contact frequency or volition on associative stigmatization may be simply due to these affiliative factors lacking a role in this particular associative stigma process. That is, contrary to predictions, the extent to which an association with a primarily-stigmatized other results in associative stigmatization may simply not be affected by the contact frequency or perceived volition of that association, at least in the case of the stigma in question, Hepatitis. Different relational factors influencing associative stigma are likely to come into play

for different kinds of stigmatizing attributes. Where volition has been shown to increase associative stigmatization when the stigmatizing attribute is homosexuality (Sigelman et al.,1991), it did not have that effect in conjunction with the present study's use of Hepatitis. As for contact frequency, the essay writer may not have appeared likely to catch Hepatitis simply as a result of spending more time in the company of the primarily-stigmatized roommate. If a similar study were to instead manipulate the quality rather than the quantity of contact—i.e., whether or not the two targets were in a sexual relationship—participants might be more likely to assume that the associatively-stigmatized target would catch Hepatitis.

Alternatively, it may be that the manipulations of contact frequency and volition manipulations were simply too weak to have an effect on associative stigmatization. For example, if a relationship with someone with Hepatitis were to confer associative stigma due to an assumption of possession of the disease due to increased contact frequency, even roommates who are "always around each other in the room, almost all the time" (as in the present study's high contact frequency condition) may not be spending ample enough time in each other's company for the participant to presume that the essay writer may be at risk for infection. As for volition, the choice to room with someone with Hepatitis may not have been a meaningful enough choice for participants to impute lower relational value on the associatively-stigmatized target. If a future study were to use a more meaningful life choice, volition may be more likely to affect associative stigma.

As to why increased levels of attachment did affect associative stigmatization, but in the direction opposite of the predicted effect, any post hoc interpretations of this effect must necessarily be speculative, but this result still requires an attempt at explanation. The unanticipated beneficial result of the attachment manipulation on associative stigma may have

been due to a feature of the manipulation itself. The emotional attachment of the target pair was manipulated by having the associatively-stigmatized roommate report, in the high attachment condition, that he or she considered the primarily-stigmatized roommate a friend because they were very close to each other (as opposed to reporting, in the low attachment condition, that he or she did not consider the primarily-stigmatized roommate a friend and that they were not very close to each other). An unanticipated effect of the attachment manipulation may also have been, besides creating a representation of a certain kind of relationship, to create a representation of a certain kind of *relationship partner*. An essay writer who described himself or herself as being in a close, friendly relationship, regardless of the other person in the relationship, may implicitly represent himself or herself as being *friendly*. A friendlier-appearing person would also likely appear to be a more approachable person, resulting in the decreased social distancing displayed by participants.

This explanation does not address, however, why high attachment's beneficial effects for the essay writer were not outweighed by the hypothesized increase in the stigmatizing effects of Hepatitis. The most obvious explanation is that, even though other research (Crandall, 1991; Munoz-Plaza at al., 2004) suggests that Hepatitis is stigmatizing, it may not have been sufficiently stigmatizing a disease to confer associative stigma. A more stigmatizing attribute (e.g., HIV/AIDS, homosexuality) might have been necessary to offset the positive benefits derived from the targets' appearance of friendliness. Future research might benefit from observing how the kind of stigmatizing attribute interacts with association factors to stigmatize or destigmatize targets. Such value-laden stigmas as HIV/AIDS or homosexuality might also be mediated by assumptions other than those examined by this study—specifically, participants who observe an associatively-stigmatized target voluntarily rooming with someone who possesses a

stigma widely viewed as immoral (compared to participants who observe a target involuntarily assigned to room with such a stigmatized individual) may assume that the target is himself or herself an immoral person, and may stigmatize the target as a result.

Mediation of Effects on Associative Stigmatization

Although this effect of attachment on associative stigmatization was in the direction opposite of that I had predicted, it was nonetheless partially mediated by the predicted mediator: the participant's assumptions concerning the associatively-stigmatized roommate's burdensomeness (i.e., relational obligations) as a relationship partner. The effect was also fully mediated by an unpredicted mediator—the participants' assumptions concerning the associatively-stigmatized roommate's value as a relationship partner.

These results are challenging to interpret. An essay writer who described himself or herself as being in a close, friendly relationship, regardless of the other person in the relationship, may implicitly represent himself or herself as being able and willing to enter into such relationships. In contrast, someone who self-represents as not being very close to, or friendly with, a relationship partner in his or her life may implicitly appear less willing or able to participate in such relationships. A willingness and an ability to participate in friendships implies a willingness and ability to carry out the responsibilities incumbent upon friends, such as the responsibility to come to a friend's aid when needed. Such relationship partners may potentially be seen as less burdensome than relationship partners who are not close friends, in that they help reduce, rather than increase, one’s own life burdens. This may have led participants to see the friendlier roommate as conferring fewer relational obligations on relationship partners, which may have in turn led to less social distancing (i.e., less stigmatization). With regard to the other confirmed mediator of attachment's effect on associative stigmatization, relational value, a friendlier, more

helpful relationship partner might also, naturally, be perceived as a more valuable relationship partner, which may in turn likewise lead to less social distancing on the part of the participant.

An alternative, less tenuous explanation may simply be that the increased perception of friendliness elicited by the higher attachment, and the resultant increased attractiveness, may have favorably biased participants' perceptions of the associatively-stigmatized roommate's relational value and relational obligations in a manner akin to a halo effect. However, this interpretation is inconsistent with the fact the lack of attachment's effect on participants' perceptions of the associatively-stigmatized roommates healthiness. If higher attachment led participants to more favorably evaluate the target's traits, one would expect that participants would attribute better health to the targets in the high attachment condition. This, however, was not the case.

Effects on Primary Stigmatization

Attachment had the same effect on primary stigmatization as it did on associative stigmatization in that higher attachment conferred less stigma on the primarily-stigmatized roommate. Attachment may have had this effect on primary stigmatization for the same reason it had the same effect on associative-stigmatization: The high attachment condition, by representing the primarily-stigmatized roommate as being in a close, friendly relationship, may have made the primarily-stigmatized roommate appear to be a less burdensome and more valuable relationship partner, leading participants to engage in less social distancing.

Interestingly, even though volition and contact frequency did not exert any main effects on either primary or associative stigmatization, they did interact with each other in affecting primary stigmatization. The essay writer's choice to room with the primarily stigmatized roommate did have an effect on primary stigmatization, such that higher volition resulted in lower

stigmatization, but only when the two roommates spent a great deal of time in each other's company. When contact was infrequent, there was no effect of volition.

Though this interpretation is highly speculative, it seems that, when the essay writer voluntarily chose to live with the primarily-stigmatized roommate, participants may have inferred from this decision that the primarily-stigmatized roommate must have had some appealing qualities (or else why choose to live with him or her?) leading the participants to socially distance themselves from the primarily-stigmatized roommate to a lesser degree than they would have if the roommate had been assigned to them. However, this decision to room with the primarily-stigmatized roommate would likely be much more consequential if the essay writer spent a great deal of time in his or her roommate's company, because a poor choice would lead to the unfortunate result of spending a great deal of time in the company of someone annoying or unpleasant. If the essay writer chose to room with someone they would spend a lot of time with, then participants may have inferred that the person they chose to room with must be especially likeable, if the essay writer was so willing to put himself or herself into a situation where he or she would be so frequently in that person's company.

On the other hand, in the case of participants in the low contact condition, the decision either to room or not to room with the primarily-stigmatized roommate may be seen as a much less consequence-laden choice, as the essay writer may not have expected to spend much time in the primarily-stigmatized roommate’s company. Participants may infer that the essay writer, for that reason, did not take the primarily-stigmatized roommate’s likeability into consideration when making this decision, making this choice less informative about the primarily-stigmatized roommate’s desirability as a roommate or relationship partner. This may have led participants to

weigh the essay writer's volition less when evaluating the primarily-stigmatized roommate's approachability, reducing the effect of volition on consequent primary stigmatization.

Again, these highly speculative interpretations of the interacting effects of volition and contact should be further tested before given any acceptance.

Implications for Research on Associative Stigma

In their study of associative stigma, Neuberg et al. (1994) expected that the stigma-by-association process would yield one of four possible outcomes: (1) The stigmatized, "marked" individual would become destigmatized through his or her association with a "normal" other (a "lifting" effect), (2) the "normal" would become stigmatized through his or her association with the marked individual, (3) a contrast effect would cause the normal being less stigmatized and the marked individual being more stigmatized as a result of the association, or (4) the association would have no effect on the level of stigmatization of either the marked or normal individuals. To discover which outcome would result, participants viewed an interaction between two targets, one of which was presented as either heterosexual or homosexual. As the present study was interested in how characteristics of the *relationship* (and not characteristics of the members of the relationship) affected associative stigma, such manipulations were outside the present study's scope, and it is impossible to say which, if any, of those four proposed outcomes occurred here.

However, it is interesting to note that the present study's manipulation of one aspect of the targets' relationship—attachment—resulted in an outcome that did not map onto any of the four predicted by Neuberg et al.: Both targets were destigmatized. It is encouraging to see that a "marked" individual may enjoy a "lifting" effect from associating with a "normal" without necessarily exacting an irreparable toll on the social acceptability of either relationship participant, and that any associative stigmatization of the normal, if it occurs, may be offset by a

feature of the very relationship that, theoretically, is causing the normal to be stigmatized. Associative stigma may not be a zero-sum dilemma.

Like the present study, Sigelman et al. (1991) experimentally manipulated whether a target living with a stigmatized (homosexual, in this case) roommate had voluntarily chosen that living arrangement. In addition, Sigelman et al. also assessed participants' tolerance or intolerance of homosexuals. They found that, when participants rated as being high in intolerance for homosexuals were provided information about the target living with a homosexual roommate, targets who were depicted as having voluntarily chosen to room with a gay student were perceived as being more homosexual and as having more stereotypically homosexual traits than targets who were assigned to live with a gay roommate. More relevant to comparisons to the present study, intolerant participants also liked targets who voluntarily chose to live with a gay roommate less than they liked targets who were assigned to live with a gay roommate. Although homosexuality is very different from the stigmatizing attribute I employed (Hepatitis), it is still worth contrasting the effects of volition in their study to its effects in my own. While their experimental increase in volition resulted in greater stigmatization and greater attribution of stigma-relevant traits to the associatively stigmatized roommate, my own manipulation of that same variable did not have any effects on stigmatization of, or attribution of stigma-relevant traits to, associatively-stigmatized targets. This discrepancy may be due to differing valence and stereotypic content of the two stigmatizing attributes, but it is still worth noting that my own findings may represent an exception to the effects of volition on associative stigmatization.

I suspect that one of the greatest challenges stigmatized individuals are likely to face (or likely to believe they face) as a result of their stigmatization is an increased difficulty in forming

deep, meaningful, mutually healthy and beneficial relationships with other human beings as a result of others' fears of being stigmatized by their associations with them. Given the present findings that a greater emotional connection may actually have a beneficial result for both the associatively-stigmatized and primarily stigmatized relationship partners, and assuming for the moment that my post hoc interpretations of these results are valid, the implications of these findings may actually bear considerable relevance to the area of impression management—specifically, beneficial impression management. Human beings are constantly managing the impressions they make on other people in strategic, motivated ways, a behavior referred to as self-presentation (Schlenker, 1980). Additionally, people also make strategic presentations of individuals with whom they are closely and positively affiliated, working to present their friends in ways that are most likely to benefit their friends (Schlenker & Britt, 1999). Beneficial impression management is a highly under-researched area, and to my knowledge, no extant research on beneficial impression management (Schlenker & Britt, 1999; Schlenker & Britt, 2001; Pontari & Schlenker, 2004; Schlenker, Lifka, & Wowra, 2004; Pontari & Schlenker, 2006) experimentally examined how beneficial impression management might be successfully achieved by means of strategic presentations of the presenter's relationship with the beneficiary instead of (or in addition to) strategic presentations of the beneficiary's personal qualities and virtues. The mutually advantageous results of such a strategy, seemingly implied by the present study's results, would do well to be examined by further research aimed at corroborating its benefits, and, if real, could be beneficially applied by associatively-stigmatized individuals who find themselves in situations where they are either unable or unwilling to conceal their association with a primarily-stigmatized relationship partner and who wish to make the best of a bad situation that, in the final analysis, perhaps needn't be so bad.

Conclusion and Future Directions

This is not to say that associative stigma does not pose a considerable problem for many people, primarily- and associatively-stigmatized alike, or that the way different relational factors may exacerbate this problem is yet understood by research into its processes. If the lessons learned from this study are to prove at all useful, it will most likely be in their ability to inform future research on this subject. To that end, I believe future research would benefit by focusing exclusively on two relational factors—attachment (given its effects here) and volition (given its effects verified by Sigelman et al., 1991)—as extant research seems to indicate that these are the relational factors that seem to influence associative stigmatization most reliably. Additionally, future research should manipulate the presence of the stigmatizing attribute, as well as the nature of the attribute itself (e.g., Hepatitis, HIV/AIDS, or homosexuality), to see how these factors interact with the associative factors under examination. It may be that more stereotypically immoral stigmas may actually confer greater associative stigma when attachment and volition are higher. Finally, given the finding that the relational factors did influence primary stigma, future studies intended to further scrutinize how relational factors affect stigmatization of both participants in the relationship would benefit from a more symmetrical presentation of the targets, as opposed to the present study's more lopsided presentation of one particular target as the source of all the participant's information about the relationship of the targets to each other.

In sum, though higher attachment had a beneficial, instead of a deleterious, effect on associative stigmatization, contrary to what I had hypothesized, and though the implications of this effect require further empirical confirmation before they can be accepted with any confidence, this finding may still shed light on how different features of a relationship with a primarily-stigmatized individual can influence people's perceptions and stigmatization of both members of such a relationship. The counter-hypothetical (yet ironically heartening) finding that

higher reported attachment had a “lifting” effect on participants’ stigmatization of the primarily-stigmatized target, but at no cost (and, indeed, with some improvement) to the associatively-stigmatized writer’s own social approachability, may be good news to those who find themselves in such relationships and are uncertain how to portray these relationships to others.

APPENDIX A
EXPERIMENTAL MATERIALS

[Experimental manipulations are bracketed. Gender pronouns were matched to the gender of the participant.]

First of all, thank you for helping us with this study. Your assistance is extremely vital to our efforts to learn more about people and their relationships with each other. The focus of this study is on pairs of University of Florida students formerly residing in one-room, two-person dormitory units on campus. We are studying these roommates because we are interested in characteristics of two-person relationships, and roommate pairs present the most convenient example of these kinds of relationships. Last year, we recruited a number of roommates from the University of Florida student body, and asked them to provide information about their living situations. This is where you come in. During your time in this session today, you will be acting as a rater.

You will read a statement that has been provided by one of the roommates who participated in our study. These participants were asked to write a short essay about themselves, their roommates, and their relationships with their roommates. In order to protect the anonymity of the people participating in this study, the roommates will not be identified by name. Instead, they will be referred to as X and Y. You will be considering the essay written by roommate Y.

Because the information you will be providing to us will be essential to our research goals, we wish to stress to you how important it is that you read the essay closely and that you provide only your most honest responses in the questionnaire. Keep in mind that your identity is also being protected. Neither your name, nor any other information that can identify you, will be attached to your responses, so please answer the questions as honestly as you can.

Thank you again for your assistance in this study. When you're ready to proceed, please go to the next page.

As you just read, the roommates participating in this study were asked to write a short essay. Here are the exact instructions these participants were given:

"What we would like you to do now is write a very short essay (between 10 and 20 sentences in length) telling us a little about yourself, your roommate, and your relationship with each other. This essay is very open-ended, and you can give us any information that you personally think is interesting or relevant. Remember that your responses will be kept completely confidential, so be as honest and detailed as you possibly can without going over the 20 sentence limit."

One of the statements written by one of the participants is provided below. Please read it carefully, and then, when you feel ready to proceed, go to the next page.

This is my first year at the University of Florida. I'm originally from Tampa, Florida, and I'm nineteen years old. I'm majoring in Anthropology and am so far enjoying my time here, but I'm thinking about switching majors.

Stuff I do for fun: I like all kinds of music. When I watch TV, I usually like Comedy Central. I love dogs but I had to leave mine at home since the dorms don't allow them. I've been to a couple of football games and I usually go out one or two times a week, sometimes more.

My roommate is from Jacksonville. One interesting thing about her is that she's the only person I know with Hepatitis. (It's contagious but I'm not sure how she caught it.) There's no cure and she has some bad health problems. She spends a lot of time online and is studying Linguistics. She likes reading and she says she doesn't know what she wants to do when she gets out of college.

This is the first time we've shared a dorm. [We were assigned as room mates, I didn't actually choose to live with her. / We weren't assigned as room mates, I actually chose to live with her.] Because of the way our work and class schedules overlap with each other (we both have part time jobs) [we're never around each other in the room, almost none of the time. / we're always around each other in the room, almost all the time.] All in all, especially after rooming with her this long, I would have to say that [I don't really consider her a friend, because we aren't very close to each other. / I really consider her a friend, because we're very close to each other.]

That's all I can think of to say, I'm not sure what else to write, I hope this is what you needed.

APPENDIX B
STIGMATIZATION OF Y (ASSOCIATIVELY-STIGMATIZED ROOMMATE)

The following questions inquire about Y (the writer of the essay).

Indicate the degree to which you agree or disagree with the following statements:

1. Y appears to be a likeable person.

Strongly disagree						Strongly agree
1	2	3	4	5	6	7

2. I would like Y to be a close personal friend.

Strongly disagree						Strongly agree
1	2	3	4	5	6	7

3. I wouldn't mind it at all for Y to move into my neighborhood.

Strongly disagree						Strongly agree
1	2	3	4	5	6	7

4. I would like Y to come and work at the same place I do.

Strongly disagree						Strongly agree
1	2	3	4	5	6	7

5. Y is a person who is similar to me.

Strongly disagree						Strongly agree
1	2	3	4	5	6	7

6. I would like to have Y marry into my family.

Strongly disagree						Strongly agree
1	2	3	4	5	6	7

7. Y is the kind of person that I tend to avoid.

Strongly disagree						Strongly agree
1	2	3	4	5	6	7

APPENDIX C

STIGMATIZATION OF X (PRIMARILY-STIGMATIZED ROOMMATE)

The following questions inquire about X (the roommate of the essay's writer).

Indicate the degree to which you agree or disagree with the following statements:

X appears to be a likeable person.

Strongly disagree						Strongly agree
1	2	3	4	5	6	7

I would like X to be a close personal friend.

Strongly disagree						Strongly agree
1	2	3	4	5	6	7

I wouldn't mind it at all for X to move into my neighborhood.

Strongly disagree						Strongly agree
1	2	3	4	5	6	7

I would like X to come and work at the same place I do.

Strongly disagree						Strongly agree
1	2	3	4	5	6	7

X is a person who is similar to me.

Strongly disagree						Strongly agree
1	2	3	4	5	6	7

I would like to have X marry into my family.

Strongly disagree						Strongly agree
1	2	3	4	5	6	7

X is the kind of person that I tend to avoid.

Strongly disagree						Strongly agree
1	2	3	4	5	6	7

APPENDIX D
ASSUMPTION OF Y'S RELATIONAL VALUE

The following questions inquire about Y (the writer of the essay).

1. How many close friends do you think Y (the writer of the essay) has?

Very few						Very many
1	2	3	4	5	6	7

2. To what extent would the average UF student want Y as a friend?

Not at all						Very much
1	2	3	4	5	6	7

3. To what extent do you think people who know Y value their relationships with him/her?

Not at all						Very much
1	2	3	4	5	6	7

Put yourself in the shoes of people who know Y well. How do you think people who know Y would rate their relationship with him/her on the five scales below?

4.

Unimportant						Important
1	2	3	4	5	6	7

5.

Valuable						Not valuable
1	2	3	4	5	6	7

6.

Worthless						Worthwhile
1	2	3	4	5	6	7

7.

Good						Bad
1	2	3	4	5	6	7

APPENDIX E
ASSUMPTION OF Y'S RELATIONAL ESTEEM

Indicate the degree to which you agree or disagree with the following statements:

1. Y is a person of worth, at least on an equal plane with others.

Strongly disagree Strongly agree

1 2 3 4 5 6 7

2. Y has a number of good qualities.

Strongly disagree Strongly agree

1 2 3 4 5 6 7

3. All in all, Y is a failure.

Strongly disagree Strongly agree

1 2 3 4 5 6 7

4. Y is able to do things as well as most other people.

Strongly disagree Strongly agree

1 2 3 4 5 6 7

5. Y does not have much to be proud of.

Strongly disagree Strongly agree

1 2 3 4 5 6 7

6. Y takes a positive attitude toward himself/herself.

Strongly disagree Strongly agree

1 2 3 4 5 6 7

7. On the whole, Y is satisfied with himself/herself.

Strongly disagree Strongly agree

1 2 3 4 5 6 7

8. Y wishes he/she could have more respect for himself/herself.

Strongly disagree Strongly agree

1 2 3 4 5 6 7

9. Y certainly feels useless at times.

Strongly disagree Strongly agree

1 2 3 4 5 6 7

10. At times Y thinks he/she is no good at all.

Strongly disagree						Strongly agree
1	2	3	4	5	6	7

APPENDIX F
ASSUMPTION OF Y'S POSSESSION OF STIGMATIZING ATTRIBUTE

The following questions inquire about Y (the writer of the essay).

How likely do you think it is that Y (the writer of the essay) experiences each of the following?

1. General feelings of poor health

Very unlikely Very likely

1 2 3 4 5 6 7

2. Difficulty sleeping

Very unlikely Very likely

1 2 3 4 5 6 7

3. Nausea and/or vomiting

Very unlikely Very likely

1 2 3 4 5 6 7

4. Light headedness and/or fainting

Very unlikely Very likely

1 2 3 4 5 6 7

5. Headaches

Very unlikely Very likely

1 2 3 4 5 6 7

6. Susceptibility to infections

Very unlikely Very likely

1 2 3 4 5 6 7

7. Weakness

Very unlikely Very likely

1 2 3 4 5 6 7

8. Exhaustion from minor exertion

Very unlikely Very likely

1 2 3 4 5 6 7

9. Dizziness

Very unlikely Very likely

1 2 3 4 5 6 7

10. Unhealthy body weight (either overweight or underweight)

Very unlikely						Very likely
1	2	3	4	5	6	7

APPENDIX G
ASSUMPTION OF Y'S RELATIONAL OBLIGATIONS

The following questions inquire about Y (the writer of the essay).

Put yourself in the shoes of people who know Y (the writer of the essay) well. Consider what you think their relationship with Y is like. For the following questions, indicate what you think a relationship with Y is like.

1. How much time do you think Y's friends must dedicate to helping Y deal with his/her problems?

None at all Very much

1 2 3 4 5 6 7

2. How much energy do you think Y's friends must dedicate to helping Y deal with his/her problems?

None at all Very much

1 2 3 4 5 6 7

3. How much of their resources do you think Y's friends must dedicate to helping Y deal with his/her problems?

None at all Very much

1 2 3 4 5 6 7

4. How burdensome do you think Y's friends find their relationship with Y?

Not at all Very much

1 2 3 4 5 6 7

5. How inconvenient do you think Y's friends find their relationship with Y?

Not at all Very much

1 2 3 4 5 6 7

6. How demanding do you think Y's friends find their relationship with Y?

Not at all Very much

1 2 3 4 5 6 7

7. How problematic do you think Y's friends finds their relationship with Y?

Not at all Very much

1 2 3 4 5 6 7

8. How much assistance do you think Y requires from his/her friends?

None at all Very much

1 2 3 4 5 6 7

Put yourself in the shoes of people who know Y well. Consider what you think their relationship with Y is like. On each of the ten scales below, indicate what you think their experience of the relationship with Y is like, from their point of view:

People who know Y well find their relationship with Y….

9.

Refreshing						Draining
1	2	3	4	5	6	7

10.

Rewarding						Punishing
1	2	3	4	5	6	7

11.

Low maintenance						High maintenance
1	2	3	4	5	6	7

12.

Overwhelming						Manageable
1	2	3	4	5	6	7

13.

Energizing						Exhausting
1	2	3	4	5	6	7

APPENDIX H
MOTIVATION TO CONTROL PREJUDICE

1. In today's society it is important that one not be perceived as prejudiced in any manner.

Strongly disagree Strongly agree

1 2 3 4 5 6 7

2. I always express my thoughts and feelings, regardless of how controversial they might be.

Strongly disagree Strongly agree

1 2 3 4 5 6 7

3. I get angry with myself when I have a thought or feeling that might be considered prejudiced.

Strongly disagree Strongly agree

1 2 3 4 5 6 7

4. If I were participating in a class discussion and a student who was different from people like me expressed an opinion with which I disagreed, I would be hesitant to express my own viewpoint.

Strongly disagree Strongly agree

1 2 3 4 5 6 7

5. Going through life worrying about whether you might offend someone is just more trouble than it's worth.

Strongly disagree Strongly agree

1 2 3 4 5 6 7

6. It's important to me that other people not think I'm prejudiced.

Strongly disagree Strongly agree

1 2 3 4 5 6 7

7. I feel it's important to behave according to society's standards.

Strongly disagree Strongly agree

1 2 3 4 5 6 7

8. I'm careful not to offend my friends, but I don't worry about offending people I don't know or don't like.

Strongly disagree Strongly agree

1 2 3 4 5 6 7

9. I think that it is important to speak one's mind rather than to worry about offending someone.

Strongly disagree Strongly agree

1 2 3 4 5 6 7

10. It's never acceptable to express one's prejudices.

Strongly disagree Strongly agree

1 2 3 4 5 6 7

11. I feel guilty when I have a negative thought or feeling about someone different from people like me.

Strongly disagree Strongly agree

1 2 3 4 5 6 7

12. When speaking to someone different from people like me, it's important to me that he/she not think I'm prejudiced.

Strongly disagree Strongly agree

1 2 3 4 5 6 7

13. It bothers me a great deal when I think I've offended someone, so I'm always careful to consider other people's feelings.

Strongly disagree						Strongly agree
1	2	3	4	5	6	7

14. If I have a prejudiced thought or feeling, I keep it to myself.

Strongly disagree						Strongly agree
1	2	3	4	5	6	7

15. I would never tell jokes that might offend others.

Strongly disagree						Strongly agree
1	2	3	4	5	6	7

16. I'm not afraid to tell others what I think, even when I know they disagree with me.

Strongly disagree						Strongly agree
1	2	3	4	5	6	7

17. If someone who made me uncomfortable sat next to me on a bus, I would not hesitate to move to another seat.

Strongly disagree						Strongly agree
1	2	3	4	5	6	7

APPENDIX I
MANIPULATION CHECKS

In the short statement that you read, Y provided information about his/her self, his/her roommate, and his/her relationship with the roommate. We'd like you to answer some questions about that information. Even if the essay you read didn't have any information relevant to these questions, please answer them to the best of your ability:

How much of Y's total free time does he/she spend in X's company?

Very little						Very much
1	2	3	4	5	6	7

How much would you say Y's relationship with X is voluntary?

Not at all voluntary						Very voluntary
1	2	3	4	5	6	7

How much would you say Y likes X?

Not at all						Very much
1	2	3	4	5	6	7

In the space below, please briefly describe the information that was provided in the essay that you read:

APPENDIX J
DEMOGRAPHICS

Please answer the following questions. As mentioned before, your responses are confidential. These demographic questions only serve to help us explore the sample helping us with our study.

What is your gender? _____ Male _____ Female

How old are you? _____ years

Which of the following ethnic group(s) do you consider yourself a member of? You can check multiple groups.

_____ African American

_____ Asian Americans

_____ Hispanic

_____ Native American

_____ Caucasian/White

_____ Other: _____

Which of the following religions best describes you?

_____ Protestant (Methodist, Lutheran, Episcopalian, etc.)

_____ Catholic

_____ Fundamentalist/Evangelical Christian

_____ Jewish

_____ Muslim

_____ Hindu

_____ Buddhist

_____ Atheist

_____ Other: _____

_____ No religious affiliation

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BIOGRAPHICAL SKETCH

David Richards was born in Miami. After attending Jesuit High School of Tampa, he earned a B.A. in English at the University of Florida, and a B.A. in psychology, with honors, at the University of South Florida, Tampa, before returning to the University of Florida to pursue a graduate education in social psychology.