

ANTECEDENTS OF DISCLOSING ASSOCIATIVE STIGMA:
A PRELIMINARY MODEL

By

DAVID A. R. RICHARDS

A DISSERTATION PRESENTED TO THE GRADUATE SCHOOL
OF THE UNIVERSITY OF FLORIDA IN PARTIAL FULFILLMENT
OF THE REQUIREMENTS FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY

UNIVERSITY OF FLORIDA

2010

© 2010 David A. R. Richards

To my parents

ACKNOWLEDGMENTS

I am grateful to my parents, who made so many opportunities available to me. I am also indebted to my advisor, Dr. Catherine A. Cottrell, for her invaluable support and encouragement through the course of my graduate education. I thank the members of my committee for their advice and observations, and I thank my colleagues and fellow graduate students, in particular Austin Lee Nichols and Corey L. Cook, for their moral and professional support. I am also indebted to the innumerable undergraduate students who staffed the Cottrell lab, foremost for their many long hours spent helping me gather my data. And I am indebted to the University of Florida, my alma mater thrice-over, and in particular the faculty and staff of the department of psychology, who have made this such a pleasant place in which to work and study.

TABLE OF CONTENTS

	<u>page</u>
ACKNOWLEDGMENTS.....	4
LIST OF TABLES.....	8
ABSTRACT	10
CHAPTER	
1 INTRODUCTION	11
Antecedents of Disclosing Associative Stigma: A Preliminary Model	11
Associative Stigma	12
Managing Primary Stigma	15
Managing Associative Stigma	18
Antecedents of Disclosing Primary and Associative Stigma.....	20
Stigma characteristics.....	21
Environmental factors	27
Internal psychological factors.....	33
Hypotheses	43
Hypotheses concerning stigma characteristics	43
Hypotheses concerning environmental factors	43
Hypotheses concerning internal psychological factors.....	44
2 RESEARCH METHODS AND RESULTS.....	45
Study 1.....	45
Method	45
Participants	45
Procedure and measures.....	45
Demographic items	45
Introduction of target	46
Target demographics	47
Relationship to target	47
Stigma characteristics.....	47
Concealability of relationship	49
Environmental factors	50
Institutional support.....	53
Results	55
Target descriptives.....	55
Test of hypotheses 1a and 1b: Stigma characteristics.....	56
Test of hypothesis 1c: Concealability	63
Tests of hypotheses 2a, 2b, and 2c: Environmental factors.....	66
Test of hypothesis 3a: Relationship closeness	73

Discussion	76
Hypotheses 1a and 1b: Stigma characteristics	76
Hypothesis 1c: Moderation by stigma concealability	77
Hypotheses 2a, 2b, and 2c: External factors.....	78
Hypothesis 3a: Relationship closeness.....	79
Conclusions	79
Study 2.....	80
Method	81
Participants	81
Procedure and measures.....	81
Results	89
Data reduction.....	89
Test of hypothesis 3a: Relationship closeness	90
Test of hypothesis 3b: Feedback accuracy	90
Ancillary analyses	91
Discussion	93
3 GENERAL DISCUSSION	119
Implications.....	121
Future Directions	122
Conclusions	123
APPENDICES	
A ILLUSTRATION OF CONTINUOUS IOS.....	125
B DEMOGRAPHIC ITEMS.....	126
C RELATIONSHIP HARMFULNESS	127
D CONTROL OVER RELATIONSHIP FORMATION	128
E CONTROL OVER RELATIONSHIP CONTINUATION.....	129
F RELATIONSHIP CONCEALABILITY.....	130
G ENVIRONMENTAL FACTORS.....	131
H STERNBERG INTIMACY SCALE.....	133
I ATTITUDES TOWARD LESBIANS AND GAYS	135
J DEMOGRAPHICS FORM.....	137
K SUPERFICIAL QUESTIONS	138
L PERSONAL QUESTIONS	141

M	CONFEDERATE RESPONSES TO SUPERFICIAL QUESTIONS	144
N	CONFEDERATE RESPONSES TO PERSONAL QUESTIONS.....	148
O	HIGH CLOSENESS FALSE FEEDBACK MANIPULATION.....	153
P	LOW CLOSENESS FALSE FEEDBACK MANIPULATION	154
Q	CLOSENESS CHECK ITEMS	155
	LIST OF REFERENCES	156
	BIOGRAPHICAL SKETCH.....	168

LIST OF TABLES

<u>Table</u>	<u>page</u>
2-1 Study 1 target demographics.....	97
2-2 Study 1 correlations between stigma characteristics and disclosure	98
2-3 Study 1 simultaneous regressions of disclosure onto stigma characteristics	99
2-4 Study 1 logistic regressions of (dichotomous) disclosure onto stigma characteristics.....	100
2-5 Study 1 Mean perceived relationship control by relationship type	101
2-6 Study 1 moderation of stigma characteristics by stigma concealability for disclosure to family	102
2-7 Study 1 moderation of stigma characteristics by stigma concealability for disclosure to friends.....	103
2-8 Study 1 moderation of stigma characteristics by stigma concealability for disclosure to coworkers	104
2-9 Study 1 moderation of stigma characteristics by stigma concealability for disclosure to society in general.....	105
2-10 Study 1 correlations between environmental characteristics and disclosure within family	106
2-11 Study 1 correlations between environmental characteristics and disclosure within friends.....	107
2-12 Study 1 correlations between environmental characteristics and disclosure within coworkers	108
2-13 Study 1 correlations between environmental characteristics and disclosure within society in general	109
2-14 Study 1 simultaneous regressions of disclosure onto domain environmental factors.....	110
2-15 Study 1 logistic regressions of (dichotomous) disclosure onto domain environmental factors	111
2-16 Study 1 Cronbach’s alphas for new environmental characteristic composites .	112
2-17 Study 1 simultaneous regressions of disclosure onto domain environmental factors after recalculating composites	113

2-18	Study 1 correlations between closeness and disclosure	114
2-19	Study 1 simultaneous regressions of disclosure onto measures of closeness .	115
2-20	Study 1 logistic regressions of (dichotomous) disclosure onto measures of closeness	116
2-21	Study 2 mean IOS values by condition.....	117
2-22	Study 2 mean IOS corrections by condition.....	118

Abstract of Dissertation Presented to the Graduate School
of the University of Florida in Partial Fulfillment of the
Requirements for the Degree of Doctor of Philosophy

ANTECEDENTS OF DISCLOSING ASSOCIATIVE STIGMA:
A PRELIMINARY MODEL

By

David A. R. Richards

May 2010

Chair: Catherine A. Cottrell
Major: Psychology

When otherwise “normal” people are associated with a stigmatized person, they may become stigmatized by association. Much like people possessing primary stigma, people possessing an associative stigma may be motivated to conceal (or reveal) the associative stigma to an audience. For example, when will a mother tell conservative coworkers about her gay son, or when will a White woman tell her racist parents that her new boyfriend is Black? This dissertation attempts to determine when people will make the decision to disclose their associative stigma (association with a non-heterosexual, in the case of this dissertation) by sketching a preliminary model for associative stigma disclosure, involving three major categories of predictive antecedents: stigma characteristics, environmental factors, and internal psychological processes. This dissertation also attempted to verify this model by gathering correlational evidence (study 1) as well as some experimental evidence (study 2) for it, and found data generally consistent with the model.

CHAPTER 1 INTRODUCTION

Antecedents of Disclosing Associative Stigma: A Preliminary Model

Goffman (1963) described courtesy (or associative) stigma as “a little bit of the disease, twice removed.” Associative stigma (Neuberg, Smith, Hoffman, & Russell, 1994) arises from association with someone possessing a stigma—an undesirable attribute that reduces a “whole and usual person to a tainted, discounted one” (Goffman, 1963). Because it is likely that everyone knows somebody, whether a friend or family member, who has some stigma or another, then it may not be risking exaggeration to say that everyone sometimes finds him- or herself at risk of being associatively stigmatized. For every person possessing a “primary” stigma (such as minority group membership, homosexuality, or a criminal record) there are likely many people who may be associatively stigmatized simply by virtue of their association with that person. This contagious nature of associative stigma may very well make it the world's only universal stigma.

Just as universal as associative stigma is the challenge of responding to its threat. When a person is at risk of being associatively stigmatized, they may conceivably avoid this fate by concealing the existence of their relationship with their stigmatized associate. But when are they likely to exercise this strategy, and when, conversely, are they likely to disclose their stigmatizing relationship? What antecedents predict disclosure of associative stigma?

This dissertation attempts to answer these questions first by examining the concept of associative stigma and the methods people use to manage both primary stigma and associative stigma. This dissertation then examines *when* people are likely

to use these tactics by describing a model predicting associative stigma disclosure from various antecedents.

This model is adapted from another, recently described by Ragins (2008) that identifies three categories of antecedents of *primary* stigma disclosure: characteristics of the stigma, environmental factors, and internal psychological factors. This dissertation describes these categories and examines in detail the implications these three classes of factors have for the disclosure of associative stigma, then attempts to test their ability to predict disclosure of associative stigma, with special (and experimental) attention again paid to the role that internal psychological factors may play in the disclosure of associative stigma.

Associative Stigma

People with stigmas¹ face a number of negative consequences owed to their possession of a stigmatizing mark. For example, dealers at new car dealerships frequently quote higher prices to prospective black or female buyers than they do to white male buyers (Ayres & Siegelman, 1995), women earn less than men, as well as earning less per hour (Rose & Hartmann, 2004), and black persons' experience of discrimination is related to higher blood pressure (Krieger & Sidney, 1996). In competitive settings such as academia, possession of a stigma can debilitate performance even when no actual discrimination is occurring, due to stereotype threat (Steele & Aronson, 1995).

¹ The precise meaning of stigma varies slightly throughout this dissertation, as it does in common usage. "Stigma" can refer to a devaluing trait, the low value attached to such a trait, or the negative reaction of other people to the trait. "Stigmatization" can refer to the process by which a trait confers negative value, or the act of reacting negatively to the trait.

In addition to these negative outcomes, possession of a stigma may also inhibit meaningful relationships with people who do not share the stigma. Non-stigmatized people may fear associating with a stigmatized person, for fear of gaining a stigma-by-association (Neuberg, Smith, Hoffman, & Russell, 1994)—variously referred to also as courtesy stigma (Goffman, 1963), vicarious stigma (Corrigan & Miller, 2004), or, when the association is familial, family stigma (Larson & Corrigan, 2008)—as a consequence of that “marked” relationship.

This associative stigma--the stigma of knowing a stigmatized person—can affect a person in numerous ways. For example, occupational therapists may prematurely abandon their profession in part to escape the associative stigma of working with people possessing chronic disabilities (Burnett-Beaulieu, 1982), and psychiatric nurses may be denigrated due to the stigma of working with the mentally ill (Halter, 2008). People belonging to the so-called "twilight occupations" (Brodsky, 1982) of employment in correctional institutions, such as the forensic nurses who care for those incarcerated in such facilities, may be stigmatized for associating with society's "failures", and may opt not to disclose to friends or nursing colleagues the nature of their job (Doyle, 1999). Sons of depressed, alcoholic, or incarcerated fathers are seen as having more school-, friend-, career-, and family-related difficulties (Mehta & Farina, 1988).

Associative stigma can also be experienced by family members of Alzheimer's patients (Blum, 1991). Other mental illnesses (Östman & Kjellin, 2002) including bipolar disorder (Meiser, Mitchell, Kasparian, Strong, Simpson, Mireskandari, Tabassum, & Schofield, 2007) can also confer associative stigma on family members. Parents of children with mental illnesses may be associatively stigmatized in part due to being held

responsible for the child's mental illness, as the parents are blamed for poor parenting (Larson & Corrigan, 2008). Parents of the mentally disabled can also be imbued with a stigma (Birenbaum, 1992). Similarly, caregivers of family members with HIV can likewise be subject to associative stigma (Poindexter & Linsk, 1999).

Male partners of substance-abusing females may be reluctant to participate in the female partner's rehabilitation for fear of being stigmatized as the boyfriend or husband of "one of those girls" (Laudet, Magura, Furst, & Kumar, 1999). Additionally, Goldstein and Johnson (1997) found that dating partners of disabled people (compared to dating partners of nondisabled people) were less likely to be seen as intelligent, sociable, or athletic. However, they were perceived as more nurturing, reflecting some of the ambivalence that can attend associative stigma, in much the same way that positive traits (e.g., honesty) can accompany inferences of negative traits (e.g., insecurity, helplessness, etc.) in people's perceptions of pitiable stigmas such as disability (Fichten & Amsel, 1986).

Heterosexual males are denigrated when viewed interacting with homosexual friends (Neuberg et al., 1994) or when they are thought to be rooming with a homosexual person (Sigelman, Howell, Cornell, Cutright, & Dewey, 1991). Even the mere physical or visual proximity of a person with a stigma, regardless of the actual relationship to the stigmatized person, may be enough to confer associative stigma (Hebl & Mannix, 2003; Penny & Haddock, 2007). Not just people can be stigmatized by association; Crandall, Glor, and Britt (1997) found that an otherwise mild disease was stigmatized more when subjects perceived an association of the disease with homosexuality.

Given the ways that associative stigma can inconvenience someone who does not share the primary stigma of an associate, people may attempt to manage associative stigma, in an effort to reduce or escape its negative consequences. One method people may use is to "conceal" the associative stigma, assuming that the associative stigma is in fact concealable (as it usually is). Because associative stigma arises from a social relationship, rather than an obvious physical characteristic or overt behavioral tendency, associative stigma has much in common with so-called "invisible" stigmas. Invisible stigmas (e.g., religion, sexual orientation) are stigmas that offer the stigmatized person the opportunity to manage the negative social consequences of the stigma by keeping secret the stigma's existence, in effect passing for a "normal" person (e.g., a practicing Jew may pass as a protestant, a homosexual person may pass as heterosexual, etc.) (Jones, Farina, Hastorf, Markus, Miller, & Scott, 1984) However, to understand how people manage their associative stigma, and when they may choose to reveal or conceal a marked relationship to others, it is useful to first review how people manage their own primary stigmas.

Managing Primary Stigma

In their examination of the subject of stigma and stigmatization, Jones and colleagues (1984) identify several dimensions of stigma in addition to concealability. These are origin (controllability), course (stability), disruptiveness, aesthetic qualities, and peril. These five dimensions generally influence how reviled a stigma is by society, so a stigma will become more stigmatizing as it becomes less controllable, longer lasting in its course, more disruptive, less aesthetic, and more perilous to others. Unlike these other five dimensions, which influence the negativity of the stigma, the dimension of concealability influences how *manageable* are the negative outcomes arising from

possession of the stigma. Presumably, the more concealable the stigma, the more easily the person possessing the stigma can, by concealing it, reduce the negative impact of the stigma's other five dimensions.

Even people possessing so-called "invisible" stigmas face many difficulties, despite the supposed invisibility or concealability of their mark. No stigmatizing mark is perfectly invisible, and the public discovery of the stigma, however unlikely this discovery, can have social consequences as dire as any conventionally "visible" stigma.

Homosexuality, for example, may negatively affect a "gay and proud" job applicant's treatment by prospective employers (Hebl, Foster, Mannix, & Dovidio, 2002) as well as subjecting homosexual individuals to other forms of heterosexist discrimination (Fernald, 1995; Franklin, 2000) and even violence (Herek, 1991). Indeed, homosexual people are particularly vulnerable to hate crimes (Herek, 1989), as are transgendered people (Witten & Eyler, 1999), and perpetrators of hate crimes can not only be total strangers, but the target's relatives (Savin-Williams & Cohen, 1996), neighbors, or coworkers as well (Herek, Cogan, & Gillis, 2002). The fact that a non-heterosexual orientation may provoke harassment (D'Augelli & Grossman, 2001), verbal and physical abuse from family members (D'Augelli, Hershberger, & Pilkington, 1998), and being marginalized by one's own family (D'Augelli, 1998) is ample reason to keep a sexual stigma secret.

But despite the negative stigma attached to homosexuality, many homosexual people continue to out themselves as such, even in situations where such disclosures could be met with social opprobrium (Alboher, 2008). The fact is that people with invisible stigmas often choose to disclose their stigmas (Alboher, 2008; Williams, 1997).

Why would people choose to reveal an invisible stigma when such disclosure can be met with discrimination and harassment?

Like revealing a stigma, concealing a stigma can also cause its own host of problems, such as damaged health (Cole, Kemeny, Taylor, Visscher, & Fahey, 1996), reduced self-esteem (Frable, Platt & Hoey, 1998), emotional distress (Major & Gramzow, 1999), stress from concealing the stigma (Pachankis, 2007), and a cognitively distracting preoccupation with concealment of the stigma (Smart & Wegner, 1999, 2000).

There are also some potential advantages to revealing a stigma that might further encourage such disclosure. Primarily, stigmatized people who disclose their stigmas may feel a sense of relief and renewed energy from no longer having to keep their stigmas secret (Clair, Beatty, & MacLean, 2005; Bowen & Blackmon, 2003). This stress can arise from role conflict between different domains, as disclosure creates role congruency across domains, reducing role conflict (Kahn, Wolfe, Quinn, Snoek, & Rosenthal, 1964). This role conflict may be experienced, for example, by homosexual people who are out in one domain (such as home) but closeted in another (such as work) (Day & Schoenrade, 1997).

Additionally, people who publicly disclose their stigmas increase their likelihood of identifying others who share their stigma, fellow travelers who can provide instrumental and emotional support and guidance, additional buffers against stigma-related stress (Meyer, 2003). Disclosure can improve interpersonal relationships with friends, family, and coworkers, providing social and psychological benefits (Corrigan, & Matthews, 2003). Disclosure of stigma may also protect self-esteem by providing an external

attribution for negative feedback, allowing people with stigmas to blame their shortcomings on the bigotry of others, rather than on their own shortcomings (Crocker & Major, 1989).

Finally, disclosing a stigma can also empower a person potentially to transform a culture (such as that found in a workplace) into one more tolerant and accepting of their stigma (Meyerson & Scully, 1995). Keeping silent about one's stigma may contribute to a "spiral of silence" (Noelle-Neumann, 1974, 1985, 1991) that allows prejudiced attitudes to increase in normativity, but revealing one's stigma may create an opposing "virtuous" spiral that increases acceptance of the stigma (Bowen & Blackmon, 2003). Gay and lesbian ministers belonging to Protestant denominations may, through disclosure, influence the attitudes of their congregations (Creed, 2003). Greater communication by homosexual people about their sexual orientation in their workplace is positively related to perceptions of greater support from upper management (Day & Schoenrade, 1997), and this increased support is in turn associated with greater loyalty and commitment to the organization, greater job satisfaction, and reduced role conflict between work and home (Day & Schoenrade, 2000).

Given that the choices of either revealing or concealing a stigma can both result in negative and positive consequences, it is not surprising that stigmatized people often disclose their stigmas as well as hide them. Does the same hold true for the disclosure of associative stigma?

Managing Associative Stigma

Associative stigma is an understudied topic in the stigma literature. The strategies people use to manage associative stigma is a topic even less examined. However, the

scant literature that does exist indicates that people manage associative stigma via a variety of tactics.

First, people may avoid associative stigmatization by pre-emptively distancing themselves from a stigmatized person, as when (in Swim, Ferguson, & Hyers, 1999) female participants were more likely to disagree with opinions expressed by lesbians. Where an association already exists, a person wishing to avoid associative stigma may conceal the existence of the stigma. For example, in Blum (1991), caregivers of family members with Alzheimer's may make only strategic disclosures of the condition to outsiders to manage its impact.

Other researchers have also found evidence that nonstigmatized people who provide care for family members with HIV/AIDS will use a concealment strategy (Poindexter & Linsk, 1999), often accomplished by passing off the family-member's medical problems due to cancer or other illnesses. However, Poindexter (2005) also writes of a woman caring for her HIV-positive son who, rather than attempting to pass, manages associative stigma by becoming "a gatekeeper in her own home," a "lion at the gate," actively confronting and attempting to correct people's negative reactions toward her son.

The above examples demonstrate how people manage associative stigma by either concealing or revealing the stigma in question (much as when people attempt to manage primary stigma). However, in the case of associative stigma, and unlike more conventional stigmas, people may also be able to manage stigmatization by addressing the "vector", so to speak, of the "disease": the association itself. People may respond to the threat of associative stigma by distancing themselves from their stigmatized

associate, downplaying or even denying the existence of the association at all. As mentioned, Doyle (1999) found that psychiatric nurses who treated the mentally ill often did not disclose their occupation to friends or colleagues. Also as mentioned, males with substance-abusing partners may decline to participate in their partner's rehabilitation process, for fear of being sighted together with "one of those girls" (Laudet, Magura, Furst, & Kumar, 1999).

Though little research has been conducted on how people manage associative stigma, still less attention has been paid to the antecedents that predict a decision to conceal (or disclose) associative stigma. Insofar as associative stigma resembles other stigmas, then similar antecedents may precede disclosure of associative stigma. And what are those antecedents?

Antecedents of Disclosing Primary and Associative Stigma

Ragins (2008) attempts to answer this question with a model predicting when people are likely to disclose primary stigmas. This model synthesizes theories from perspectives on a diverse array of psychological subjects, including stigma (Crocker et al., 1998; Goffman, 1963; Jones et al., 1984), self-identity (Hogg & Terry, 2000; Leary & Tangney, 2003; Stryker, 1987; Swann, 1983, 1987; Tajfel & Turner, 1986), social support and self-disclosure (Reis & Shaver, 1988; Sarason, Pierce, & Sarason, 1990), and role stress (Kahn, Wolfe, Quinn, & Snoek, 1964).

This model contains three broad categories of antecedents that should theoretically predict a person's anticipated consequences of (primary) stigma disclosure and his or her decision whether to disclose. Those three categories—stigma characteristics, environmental factors, and internal psychological factors—are here described, together with discussions of their possible implications for the disclosure of

associative stigma. A principal, original contribution of this dissertation will be the adaptation of Ragins' model of stigma disclosure into a novel model of *associative* stigma disclosure, and the preliminary verification of said model.

Stigma characteristics

The first category is the characteristics of the stigma itself. Jones and colleagues (1984) famously outlined six dimensions of stigma: Origin, course, disruptiveness, aesthetic qualities, peril, and concealability.

Origin. The origin of a stigma may appear internal or external to the person who possesses it, varying with whether the person appears responsible for the stigma's existence, or has control over its persistence. A stigma's controllability is directly related to its origin: A stigma with an internal origin is controllable, while a stigma with an external origin is not. For example, people seen as possessing blemishes of character, including behavioral deviants (such as child molesters) or ideological deviants (such as religious heretics) are held more responsible for their stigmas (Elliott, Ziegler, Altman, & Scott, 1982; Weiner, Perry, & Magnusson, 1988). Uncontrollable stigmas elicit greater pity and a less negative reaction than do controllable stigmas (Weiner et al., 1988) and failure due to lack of ability receives less punishment (in the form of electric shocks) than does failure due to a lack of effort (Weiner, 1993). This willingness to punish those responsible for their negative outcomes may perhaps be due to people's belief in a just world (Lerner, 1980).

Regarding associative stigma, origin may refer to whether or not the associatively-stigmatized person is ostensibly responsible for his or her relationship with the stigmatized person. The relationship may be perceived as voluntary (as between friends or romantic partners) or involuntary (as between family members). If the origin of

the relationship is internal to the associatively-stigmatized person (i.e., if he or she is perceived as being the voluntary associate of the stigmatized person) then the relationship will likely confer more negative consequences in the form of greater stigmatization, and would therefore discourage disclosure. For example, a male target who voluntarily rooms with a homosexual male will be more stigmatized (as found by Sigelman et al., 1991) than if the male target is thought to have been involuntarily assigned to room with the homosexual roommate.

Course. Every stigma runs a course, the degree of change in a stigma over time. The course of a stigma may be long or short, stable or unstable. Some stigmas, such as an HIV-positive status or membership in an oppressed race, are effectively permanent, while other stigmas, such as heavy body weight or membership in a heretical religion, may change over time. In general, however, stigmas that are judged unstable are also seen as controllable (Weiner et al., 1988). A course's controllability differs from an origin's controllability: While origin relates to control over the stigma's onset, the stigma's course bears on subsequent control over the stigma's behavior and persistence. As with origin, however, a controllable stigma will elicit greater anger and less pity than an uncontrollable stigma (Weiner et al., 1988). People who maintain a stigma despite a perceived ability to overcome it will appear to possess weaker character. For example, people who remain obese are seen as responsible for their stigma, as people infer a lack of willpower or discipline on the part of the obese person (Crocker & Major, 1994) who appears unwilling to exercise the self-control necessary to watch their diet (Crandall, 1994).

Regarding associative stigma, course refers to the course of the relationship between the two people. Is the relationship brief or enduring? Is the relationship stable (remaining largely unchanged over its duration) or unstable? The associative stigma arising from a longer-term relationship with a stigmatized person will likely confer more associative stigma.

Disruptiveness. Stigmas vary in their disruptiveness, the degree to which the stigma disrupts what would otherwise be the normal, smooth social interactions of others. The more disruptive the stigma, the more negatively people will respond to it. Disruptive norms are those that violate social prescriptions for normative ways of engaging in social behavior or communication. Mental disabilities may make other people uncomfortable due to their disruptive nature (Jones & Stone, 1995), as may epilepsy (Scambler & Hopkins, 1986).

Regarding associative stigma, disruptiveness refers to the extent to which the stigmatizing association disrupts smooth social functioning for others. In short, is the associatively-stigmatized person's relationship with the stigmatized person a source of inconvenience for others? Does this unconventional, boundary-transgressing relationship upset relied-upon social norms that ensure desired social function? The more disruptive the relationship, the more negative will be the stigma attached to it.

Aesthetic qualities. Stigmas vary in their aesthetic qualities, with some being aesthetically unappealing, even disgusting, while others provoke more mild reactions in onlookers. The more unaesthetic a stigma, the more negatively people will respond to it. Obesity is an example of an unaesthetic stigma (Crandall, 1995; Puhl & Brownell, 2003; Geier, Schwartz, & Brownell, 2003), as are physical disabilities (Söder, 1990; Fine &

Asch, 1988; Bogdan, Biklen, Shapiro, & Spelkoman, 1990) and physical deformities (Farina & Ring, 1965; Langer, Fiske, Taylor, & Chanowitz, 1976).

The dimension of aesthetic qualities may well be the only one of these six dimensions that does not have an obvious corollary in associative stigma, as the aesthetic properties of a stigma usually refer to its visual appearance or other physical properties, and associations, in and of themselves, have no such qualities. However, an association between stigmatized and nonstigmatized people might be said to be unaesthetic, and therefore stigmatizing, if it offends particular aesthetic values or norms that have implications for the 'proper' kinds of association that may exist between people. For example, in cultures that are racially segregated (such as during the Jim Crow south or in apartheid South Africa), the sight of a black and white interracial romantic couple (perhaps one openly engaging in such "public displays of affection" such as kissing or holding hands) might have provoked a disgust reaction, or even prompted social reprisals. In such a case, the image of a black person romantically (and, presumably, sexually) involved with a white person compounds the stigma arising from the black person's minority ethnic status.

Peril. Stigmas vary in their peril, with some stigmas being highly dangerous to other people's health, safety, and well-being (Katz, 1979). A sociofunctional approach to prejudice (Cottrell & Neuberg, 2005; Neuberg & Cottrell 2006) holds that prejudiced reactions (such as fear or anger) as well as discriminatory responses (such as avoidance or aggression) toward stigmatized outgroups are adaptive, functionally-specific responses to group-level threats posed by those groups. For example, these group-level threats can be posed toward the ingroup's health (eliciting a disgust

response), safety (eliciting a fear response), or resources (eliciting an anger response). The more perilous or threatening the stigma, the stronger will be the negative reaction the stigma elicits, so people are prejudiced against stigmas that elicit a health threat, such as HIV/AIDS (Crawford, 1996; Herek & Capitano, 1998), while mental illness (Corrigan & Penn, 1999) and mental disability (Jones & Stone, 1995) can also activate feelings of threat.

Regarding associative stigma, peril refers to the extent to which the marked relationship causes outright harm and danger to others. Does associating with a stigmatized person increase the risk that he or she poses? Is the association itself, by its nature, dangerous to others? A more perilous association will also be more stigmatized. For example, if the primary stigma in question is a contagious disease, such as HIV/AIDS, people may stigmatize a HIV-negative person who associates closely with a HIV-positive person, for fear that the purportedly healthy person may have contracted the disease.

Concealability. Finally, stigmas vary in their concealability, some being utterly invisible to the senses, while others (such as gender or skin color) are often impossible to hide. People with stigmas likely to elicit negative reactions (i.e., stigmas that originate internally, have a controllable course, are disruptive, are unaesthetic, or are perilous) are more likely to conceal the stigma, assuming the stigma is concealable enough for this tactic to be a viable option.

Regarding associative stigma, concealability refers to the ease with which the source of the associative stigma can be kept secret from others. Associative stigma tends to be quite concealable, as relationships tend to lack visible markers. As

discussed, people threatened with associative stigma generally have the option to manage that threat by concealing the relationship. Whether or not the person chooses to conceal or disclose the associative stigma depends on the anticipated negative consequences of the stigma, as determined by the other dimensions.

Implications of dimensions for managing associative stigma. For the sake of simplicity, these dimensions will, in the present paper, be collapsed into the following three dimensions. These are controllability (a combination of origin and course, which both tap the stigmatized person's control over their stigma, whether its origin or persistence), harm (a combination of disruptiveness and peril, which both tap the damage the stigma causes to others' health, others' resources, or to society's smooth functioning), and concealability. (The dimension of aesthetic qualities will not be considered, due to its low relevance to associative stigma.)

What implications do these (simplified) dimensions of controllability, harm, and concealability have on the process of stigma by association? The first two dimensions—controllability and harm—influence the negativity of the stigma. The more controllable and the more harmful the stigmatizing mark is, the more negative will be the social stigma attached to that mark, and, consequently, the more negative will be the associative stigma that arises from associating with the stigmatized person.

However, the vector for the associative stigma—the association itself—may also vary along these different dimensions in much the same way the primary stigma can. Specifically, and of interest in the present study, the association can vary in the dimension of its controllability (the extent to which the relationship is volitional on the part of the associatively-stigmatized person), its harmfulness (the extent to which the

relationship may appear harmful to others) and its concealability (the extent to which the existence of the relationship can be concealed from view).

If this associative stigma is severe enough, due to high levels of controllability and harmfulness, the associatively-stigmatized person may attempt to conceal it by weakening the relationship tying them to the stigmatized person. This tactic of concealing the existence of the stigmatizing relationship was exercised by the nurses in Doyle's (1999) study, who concealed their connection to patients with mental illnesses, as well as by the males in Laudet et al.'s (1999) study, who avoided being seen with their female partners' during their participation in a rehabilitation program for substance abusers. In a sense, the participants in Swim et al. (1999) also managed the threat of associative stigma by pre-emptively concealing a relationship (in this case, a convergence of opinion that might appear to indicate a shared group membership) between themselves and a stigmatized target (i.e., a lesbian student).

In summary, then, associative stigma varies along the dimensions of harm, controllability, and concealability. The more harmful or controllable the associative stigma is, the more negative the stigma is, and the more motivated the associatively-stigmatized person will be to manage the stigma, through use of tactics such as concealing the existence or extent of the marked relationship. The associatively stigmatized person's ability to manage the stigma will be largely influenced by the associative stigma's concealability.

Environmental factors

The social environment can provide three forms of support for disclosure of stigmas: the presence of similar others (other people who share the stigma), supportive relationships (nonstigmatized people who are nonetheless supportive allies of those

possessing the stigma), and institutional support (e.g. institutional rules and policies protecting people who possess the stigma) (Ragins, 2008). Regarding associative stigma, an associatively-stigmatized person may be similarly encouraged in a disclosure decision by the presence of similar environmental factors to these.

Presence of similar others. The presence of other, similarly-stigmatized people can be a source of social and emotional support and acceptance (Reis & Shaver, 1988; Sarason, Pierce, & Sarason, 1990). This affirmation may improve the self-esteem of the stigmatized person, as in the case of students with a sexual orientation stigma, who had improved self-esteem when in the presence of similar others (Frable, Platt, & Hoey, 1998). According to relational demography theory (Riordan, 2001; Tsui, Eagan, & O'Reilly, 1992), people form closer relationships with work partners that are similar to themselves, which may encourage disclosure. For example, homosexual people disclose their stigma more to supervisors or coworkers who share the same sexual orientation (Ragins, Singh, & Cornwell, 2007).

Regarding associative stigma, if the social environment includes people who also connected to the stigma (whether they possess the stigma itself, or are connected to someone who does), disclosure will be more likely. This similarity may take the form of a primary or associative stigma, either one of which increases the likelihood of disclosure, so long as a connection to the stigma exists.

The presence of this similar other may provide a number of benefits to the associatively-stigmatized person, besides a reduced likelihood of responding negatively, such as helping him or her improve his or her relationship with the stigmatized associate by providing insight into the marked associate's life and feelings. This information can

translate into an increased ability on the part of the nonstigmatized person to understand the challenges facing their stigmatized associate, as well as an increased ability to empathize with the marked associate's experiences of their stigma.

For example, the parent of a gay child who has only recently come out of the closet is unlikely to have a good understanding of the prejudice and discrimination the child is likely to face growing up and over the lifespan, and may be ill-equipped to provide the kind of support and wisdom the child needs. However, if the parent has a gay coworker who has more intimate, first-hand experience of the difficulties the child is about to face, he or she can share this hard-earned wisdom with the parent. This shared insight may, in turn, better prepare the parent to be the parent his or her child needs, and may help make their relationship with each other more intimate, loving, and supportive.

The similar other and the nonstigmatized person may also resemble each other in that the similar other, rather than being primarily stigmatized, may also be associatively stigmatized. For example, a parent of a gay child may have a coworker who also has a gay child. The presence of other people who are subject to the same threat of associative stigma may also afford the advantages of sympathy and insight, having gone through similar experiences themselves. Finally, the presence of this similar others can provide safety in numbers, granting them a united front in the face of any institutional or interpersonal discrimination they may face. As with primary stigma (Badgett, 2001; Creed & Scully, 2000), the increased presence of similar others increases the social leverage of those who are stigmatized (whether primarily or vicariously) by the mark in question. This increased social leverage may allow them to

transform their social or institutional environment into a more accepting and supportive form.

Advantages such as these—sympathy, social support, shared wisdom, and the strength and social leverage of numbers—may lead associatively stigmatized people to deliberately seek out similar others for access to these benefits. Such benefits are the very *raison d'être* of organizations such as Parents and Friends of Lesbians and Gays (PFLAG).

Though the presence of similar others may take many forms, and can provide many different kinds of advantages to the nonstigmatized person, the element common to them all is that the similar other, like the associatively stigmatized person, has some connection, vicarious or otherwise, to the primary. This shared connection therefore means that the similar other shares a point of empathy with the associatively stigmatized person that is likely to elicit various forms of support instead of prejudice. These positive reactions, in turn, are likely to encourage disclosure of the associative stigma.

Of course, the associatively stigmatized person may find environmental support in other people who have no such connection to the primary stigma, yet ally themselves with the associatively stigmatized person nonetheless. Such supportive allies are the province of another environmental factor, considered next.

Supportive allies. Supportive relationships with people (such as straight friends, family members, and coworkers) who do not share the stigma are also an important source of acceptance and affirmation, which also influence the degree of stigma disclosure (Pierce, Sarason, & Sarason, 1991; Sarason et al., 1990). Acceptance from

these groups increases self-esteem (Vincke & Bolton, 1994), thereby increasing the likelihood of disclosure (Luhtanen, 2003). For example, homosexual people who perceive that heterosexual friends, family members, and colleagues are socially supportive of homosexual people are more likely to disclose their non-heterosexual orientation to these groups (Franke & Leary, 1991; Jordan & Deluty, 1998; Schneider, 1987). Feelings of trust may be a critical component in such supportive relationships (Laurenceau, Barrett, & Pietromonaco, 1998), and where such relationships are accompanied by feelings of trust, stigma disclosures may also be more likely (Reis & Shaver, 1988): for example, in the disclosure of a gay identity to trusted family members (Boon & Miller, 1999; Miller & Boon, 2000).

Regarding associative stigma, if the environment includes people who, though unconnected with a primary stigma themselves, are nonetheless supportive of people connected with the primary stigma, disclosure may become more likely. As usual, the benefits of this support may take the form of aid, advice, sympathy, or empathy. Supportive allies may even aid an associatively-stigmatized person by defending them from the prejudice of others, advocating on their behalf, and working to transform society's culture institutions so that they become more accepting and supportive of people like their associatively stigmatized ally.

In general, it can be assumed that nonstigmatized people who are supportive allies of people possessing a certain primary stigma will also be supportive of those vicariously associated with that primary stigma, so someone who is supportive and approving of homosexuality will be less likely to stigmatize, and will be more compassionate and supportive toward, a homosexual person's friends and family.

Institutional support. Institutional support comprises organizational rules, laws, and practices that protect, patronize, and recognize members of a stigmatized group. Such support can be symbolic (such as the building of memorials to Holocaust victims or the sponsoring of gay pride festivals) or instrumental (such as by instituting anti-discrimination policies or extending partner benefits to same-sex couples). Where such policies exist, their beneficiaries are more likely to disclose their stigma status. For example, homosexual people are more likely to disclose their sexual orientations in such supportive organizations (Ragins, 2004) and are in fact more likely to gravitate toward such environments (Button, Rienzo, & Wald, 1997; Esterberg, 1996). As a result, the presence of similar others in the social environment increases, which itself will also increase the likelihood of disclosure for the reasons discussed earlier. Their increased numbers also increases their social leverage, and their ability to demand and implement an institutional support structure (Badgett, 2001; Creed & Scully, 2000), so that the two processes may reinforce each other.

Regarding associative stigma, if the environment includes institutional support and protections for associatively-stigmatized people, disclosure of the marked relationship may be more likely. As with supportive allies, institutional support for people possessing a primary stigma is likely to extend to people vicariously associated with that stigma.

As discussed, the factor of institutional support may be influenced by the presence of similar others or supportive allies. These other two factors may provide associatively stigmatized people with enough social leverage that they may collectively be able to transform the institution to make it less intolerant. These transformations can

take the form of the passage of new laws (or the overturning of old ones) or the transformation of social norms. In any case, their influence on the institution leads it to become more supportive of the associatively stigmatized person, which, in its turn, encourages disclosure of the associative stigma.

Internal psychological factors

Two internal psychological factors critically influence the decision to conceal or reveal a stigma: self-verification processes, and the self-concept (Ragins, 2008).

Self-verification. Inspired by symbolic interactionism (Stryker, 1987), self-verification theory holds that people will strive to bring other people's perceptions of them in line with their own self-image; this motivation arises from a human need to maintain a coherent and consistent self-concept (Swann, 1983, 1987). This goal of self-verification can in part be accomplished by disclosing to other people personal information about the self, even up to and including negative information (Swann, 1996; Swann et al., 2004). The disclosure of negative personal traits such as stigmas could help accomplish this self-verification, if other people have assumed that the stigmatized person does not have the stigma, an assumption that people are much more likely to make in the case of invisible, concealable stigmas.

Self-concept. However, whether or not disclosure of the stigma satisfies self-verification depends on whether the stigmatized person views the stigma in question as central to their self-identity. People have multiple identities (Leary & Tangney, 2003; Tajfel & Turner, 1986), of which the stigmatized identity (e.g., Black, gay, Jewish) is just one of many, and some of these identities are more important to a person's sense of self than other, less central identities. The centrality of an identity to a person's self-concept depends heavily on the extent to which the person values the identity, the

frequency with which the person employs the identity, and the degree to which the identity is integrated with other identities found in the self-concept (Ashforth, 2001; Hogg & Terry, 2000). If the stigma is merely tangential to the person's identity—i.e., if the person does not consider the stigma to be at all an important part of who he or she is—then revealing the stigma will do little to achieve self-verification.

However, if the stigma has become quite central to the person's self-concept—perhaps even becoming what Goffman (1963) termed a master status, a trait that dominates the person's identity—then he or she will be much more motivated to achieve self-verification through disclosure of the stigmatized identity. Such centrality of stigma to the self, combined with the need for self-verification, may help explain why it is non-heterosexuals who strongly identify with their sexuality who are more likely to disclose that identity to coworkers (Button, 2001; Chrobot-Mason, Button, & DiClementi, 2001; Griffith & Hebl, 2002; Rostosky & Riggle, 2002) as well as to family and friends (Frable, Wortman, & Joseph, 1997).

What implications do these self-verification processes have for the disclosure of associative stigma? What does it mean for an associative stigma to be central to the self? Rather than the stigma itself that is central to the associatively-stigmatized person, it may instead be the centrality of the marked relationship that should predict whether the person will disclose the existence of the relationship. If the marked relationship is central to the self, the person is more likely to disclose the existence of that marked relationship than if the marked relationship is less central to the self.

What, then, does it mean for a relationship (marked or otherwise) to be central to the self? One way to conceive of centrality of a relationship to the self is in terms of self-

other overlap, as described in Aron and Aron's (1986) self-expansion model of human relationships.

Self-expansion. According to the self-expansion model, one of the fundamental, central goals of human behavior is the expansion of the self-concept to encompass new and diverse elements, functionally increasing the self's efficacy and adaptability by adding new aptitudes and experiences to the repertoire of a person's skills.

Aron and Aron (1986) posit two phases to the self-expansion process, which alternate in a cyclical manner. The first phase is a period of expansion, during which the boundaries of the self-concept expand to encompass new content. The second phase is one of integration, during which the new content assimilates into the self-concept. After these new elements have been so incorporated, the self is then motivated to prevent the loss or dis-incorporation of these new elements. Once this incorporation is accomplished, the first, expansive phase begins anew, continuing the cycle.

The self-expansion model is employed by its proponents almost exclusively for the description of human romantic behavior and intimate relationships, with both love (the cognitions, behaviors, and emotions associated with close relationships) and sexuality (those cognitions, behaviors, and emotions associated with sexual desire) sharing a common underlying self-expansion motive (Aron & Aron, 1991). Because both love and sexuality exist for the functional satisfaction of this self-expansion motive, satisfaction with romantic relationships will increase as the relationship appears to be associated with a more expanded self (Aron & Aron, 1997).

Romantic satisfaction will also increase with the experience of novel and arousing activities. Aron, Norman, Aron, McKenna, and Heyman (2000) assigned

participating couples to either engage in a novel and arousing task or a more mundane task, and then assessed participants' relationship satisfaction. Not only did couples who engaged in the novel and arousing task report greater relationship satisfaction, but self-reported boredom with the relationship mediated this effect, and the authors interpreted these results as bearing on the problem of declining relationship quality after the end of the so-called "honeymoon" period. These benefits of self-expansion led Harvey and Wenzel (2001) to recommend that couples who experience a decline in relationship satisfaction after the end of the honeymoon period of their relationship should jointly engage in novel, arousing activities, to maintain the association between the romantic relationship and the experience of rapid self-expansion.

By satisfying this self-expansion motive through romantic relationships, people may reap benefits in the form of a more diverse self-concept and more positive self-evaluations. This benefit was observed by Aron, Paris, and Aron (1995), who conducted a longitudinal study of a population with a high expected likelihood of falling in love (college freshmen and sophomore students in their fall term). They found that participants who fell in love between testing sessions demonstrated greater change and diversity in self-descriptive terms provided in an open-ended listed response format, and a greater increase in self-efficacy and self-esteem. Mood change was not responsible for these benefits.

The dissolution of a romantic relationship, meanwhile, can have complementary negative consequences, as the departure of the romantic partner reduces the self-concept, accompanied by the unpleasant affect so characteristic of relationship break-ups (Lewandowski, Aron, Bassis, & Kunak, 2006). This emotional trauma, however,

may not result if the dissolved relationship did not offer sufficient opportunities for self-expansion (i.e., if the relationship was stifling). The end of such a relationship, by allowing the self access to experiences and opportunities that were unavailable during the relationship, may lead to feelings of personal liberation and excitement (Aron, McLaughlin-Volpe, Mashek, Lewandowski, Wright, & Aron, 2004).

As mentioned, most research and literature on the self-expansion model considers these processes in relation to human romantic behavior. However, these processes can also usefully describe behavior associated with other forms of close relationships, such as friendships. For example, for people who share an ingroup, knowledge that a fellow ingroup member has a friendship that crosses an intergroup boundary (such as between sexes and races) may improve a person's attitude toward members of that outgroup, as the cross-boundary friendship may allow the outgroup to become vicariously included in the self (Wright, Aron, McLaughlin-Volpe & Ropp, 1997). Additionally, males with feminist female friends may incorporate into their own identities the identities (as well as the feminist perspectives and ideals) of their female friends in ways that consequently influence the males' perceptions of their own masculinity and how they interact with females (White & Gaines, 2006). Self-expansion processes can even occur in relationships that are not (initially, at least) at all close, as shown by Fraley and Aron (2004), who found that randomly-paired same-sex strangers, after jointly experiencing a novel and arousing event, experienced a greater increase in closeness, partially mediated by self-expansion.

With regard to the influence that this self-expansion process has on a person's self-concept, Aron and Aron (1996) demonstrated how expansion of the self to include

an intimate other affects the way people process other-relevant information. Specifically, they showed that cognitions about different relationship partners can be placed on a continuum of closeness with very close relationship partners lying nearer to one end and less close relationship partners lying further toward the other end. As closeness of the relationship increased, participants were faster to decide whether certain trait adjectives accurately described the other, and were less likely to make dispositional attributions (rather than situational attributions) for the other's behavior. In a sense, as relationship closeness increased, participants in this study were more likely to process information about the other as if it were information about the self (which, according to the self-expansion model, is exactly the case). When the self expands to include another person, the schema for the other is incorporated into the self-concept in a very real way.

People even perceive the intimacy level of their relationship with another person as analogous to a literal overlap between the self and the other. Aron, Aron, and Smollan (1992) validated a one item measure of the degree to which people perceive their selves as overlapping with a specific relationship partner, the Inclusion of Other in the Self (IOS) Scale. This pictorial item is a Likert-type scale of seven images, each image of two circles, one circle labeled "Self" and the second labeled "Other". Each pair of circles is presented, like Venn diagrams, with varying degrees of overlap between the circles, ranging from no overlap at one end of the scale (indicating no overlap between the self and the other) to almost complete overlap at the other end (indicating a tremendous amount of overlap between the self and the other) (See appendix A). In completing the scale, participants select the image that best exemplifies their

relationship with a specific relationship partner. The authors report that the scale had satisfactory convergent validity with other scales measuring comparable constructs, including the Relationship Closeness Inventory (Berscheid, Snyder, & Omoto, 1989) and the Sternberg Intimacy Scale (Sternberg, 1988), and that responses to the IOS scale also predicted whether romantic relationships remained intact after a period of three months. Additionally, the scale showed good face validity, with participants consciously interpreting the overlapping circles to be indicators of relationship closeness and interconnectedness.

Implications of self-expansion for disclosure of associative stigma. The relationship between the self and a particular other person, then, may be conceived of as an expansion of the self-concept to include cognitive representations of the other person. The other effectively becomes included as part of the self-concept so that, the closer the relationship, the more intimately intertwined the other becomes with the self. Assuming that self-verification processes are at work, a person may therefore be more motivated to disclose the existence of a relationship (even if that relationship is marked by stigma) if that relationship is a close one, as that relationship becomes a more central part of the person's self-concept.

Furthermore, the existence of a self-expansion *motive*, working in concert with these self-verification processes, may further encourage disclosure of the marked relationship, as the alternative to disclosure would involve distancing oneself from the other. Such social distancing could be an entirely superficial lie—a person could outwardly distance him- or herself from a stigmatized person while secretly maintaining an expanded self-concept in which the two remain intrinsically close. However,

successfully maintaining this disparity between outward appearance and inner reality may be more difficult than it first appears, for reasons thoroughly explored by the large and diverse body of literature on counterattitudinal advocacy and its effects on attitude change.

The most famous study of counterattitudinal advocacy is that by Festinger and Carlsmith (1959), in which participants were paid either \$1 or \$20 to lie to a confederate, telling the confederate that a mind-numbingly boring task was in reality exciting and interesting. Those paid only one dollar subsequently evaluated the task more positively than participants paid the larger amount. The authors explained this finding with the theory of cognitive dissonance, which holds that when people hold contradictory, "dissonant" attitudes, they experience a state of unpleasant tension that motivates them to shift their attitudes into a more consonant, less contradictory state.

From the perspective of dissonance theory, a nonstigmatized person who outwardly socially distances him- or herself from a stigmatized person to whom he or she is privately quite close may be engaging in a form of counterattitudinal advocacy, and (if there was insufficient external justification for the act of social distancing) experience cognitive dissonance as a result. If so, the person may attempt to reduce this dissonance by shifting his or her private attitudes toward the stigmatized person in such a way that they are more consistent with the external. In other words, the nonstigmatized person may disincorporate the stigmatized person from his or her own self-concept, making the relationship less central to the self.

Since the initial popularization of dissonance theory, a variety of alternative explanations have been offered for the findings of Festinger and Carlsmith. Janis and

Gilmore (1965) hold that counterattitudinal advocacy causes attitude shift via a process of biased scanning, in which the advocates, to better articulate the foreign attitude, partially convince themselves of its validity by disproportionately contemplating its merits. Bem (1965, 1967) argues that people, lacking insight into their internal states, divine their internal states from their behavior and other external cues. People who engage in counterattitudinal advocacy, therefore, conclude that their expressed attitudes reflect their true attitudes. Tedeschi, Schlenker, and Bonoma (1971) explain the phenomenon from a self-presentational perspective, arguing that people don't strive so much for consistent cognitions as for consistent self-presentations. People who engage in counterattitudinal advocacy, therefore, shift their (expressed) attitudes to bring them in line with their behavior. However, because self-presentations can become internalized (Schlenker, 1986), counterattitudinal advocacy can still result in private attitudes being shifted in the direction of the expressed attitude.

Each of these perspectives would predict that outwardly distancing oneself from a stigmatized person would shift private attitudes to match the expressed attitude in such a way that the relationship with the stigmatized person becomes less central to the self-concept. A nonstigmatized person who socially distances him- or herself from a stigmatized person may engage in biased scanning (Janis & Gilmore, 1965) in the process of expressing why he or she does not have a close relationship with the stigmatized person, and disproportionately attending to evidence that their supports this belief. According to self-perception theory (Bem, 1965, 1967) a nonstigmatized person who distances him- or herself from a stigmatized person may conclude, from observation of his or her own expressed attitudes, that that the relationship must in fact

not be very close. From a self-presentation perspective (Tedeschi, Schlenker, & Bonoma, 1971; Schlenker, 1986) presenting oneself as distant from a stigmatized person may shift private attitudes so that they reflect expressed attitudes, so that the social distancer comes to see him- or herself as being less close to the stigmatized person.

Regardless of the precise process at work, each of these theoretical perspectives (whether cognitive dissonance or any of its alternatives) would predict that socially distancing oneself from a stigmatized person would alter the self-concept in such a way that the relationship with the stigmatized person becomes less central to the self. In other words, such distancing, by disincorporating a close other from the self-concept, can result in a contracted self-concept, and this deflation of the self may have costly and unpleasant consequences similar to those resulting from the dissolution of a close romantic relationship (Lewandowski et al., 2006). Because people are motivated to expand themselves, and because socially distancing oneself from a close other (even superficially) may result in a less expanded self, then the self-expansion motive may further motivate people to disclose a marked relationship, as failure to disclose this relationship may have unpleasant implications for the self-concept.

However, centrality of a relationship to the self, while motivating people to disclose the existence of a marked relationship, may not necessarily demand that they disclose the existence of the mark itself. People in very intimate relationships with marked people may be able to manage the threat of associative stigma while retaining the self-expanding benefits of their marked relationship by openly proclaiming their relationship without admitting the existence of the primary stigma itself. However, the

likelihood of this strategy succeeding will depend largely on the concealability of the primary stigma itself.

Regardless, the closer a relationship between a stigmatized person and a nonstigmatized person, the more central that relationship will be to the nonstigmatized person's self-concept, and the more motivated the nonstigmatized person will be to disclose the existence of the marked relationship.

Hypotheses

In sum, the current research will test the following predictions concerning the relationship of the three categories of factors to disclosure of stigma-by-association:

Hypotheses concerning stigma characteristics

Hypothesis 1a. As the harmfulness of a marked relationship increases, disclosure of associative stigma decreases, as greater harmfulness is more stigmatizing due to the perceived peril of the stigma.

Hypothesis 1b. As the controllability of a marked relationship increases, disclosure of associative stigma decreases, as greater controllability is more stigmatizing due to the perceived responsibility for the stigma.

Hypothesis 1c. The concealability of the marked relationship will moderate harmfulness and controllability's association with stigma disclosure such that, as relationship concealability decreases, their association with relationship disclosure will be weakened, as relationship concealability constrains people's ability to manage associative stigma by concealing the marked relationship.

Hypotheses concerning environmental factors

Hypothesis 2a. As the presence of similar others increases, disclosure of associative stigma also increases, due to the benefits provided by similar others.

Hypothesis 2b. As the presence of supportive allies increases, disclosure of associative stigma also increases, due to the benefits provided by supportive allies.

Hypothesis 2c. As the presence of institutional support increases, disclosure of associative stigma also increases, due to the benefits provided by institutional support.

Hypotheses concerning internal psychological factors

Hypothesis 3a. As relationship closeness between the nonstigmatized person and the stigmatized person increases, stigma disclosure also increases, due to the operation of self-verification processes.

Hypothesis 3b. This stigma disclosure will be greatest when the nonstigmatized person believes that an audience has an inaccurate picture of the stigmatized person's relationship with the stigmatized person, as this disclosure arises from self-verification processes that motivate people to seek confirmation of information central to the self-concept.

CHAPTER 2 RESEARCH METHODS AND RESULTS

Study 1

My interest in this first study was primarily to examine how the three categories of disclosure antecedents (stigma characteristics, environmental factors, and relationship closeness) predicted participants' (self-reported) disclosure of associative stigma. This was done using a large survey design measuring these variables with regard to participants' real-life relationship with a non-heterosexual individual.

Method

Participants

Participants were 173 heterosexual undergraduate students at a large, southeastern public university who participated in psychological research in partial satisfaction of a course requirement. These comprised 93 females and 80 males, with a mean age of 19 years ($SD = 1.42$). According to self-report, 106 of these were Caucasian, 29 were Hispanic, 28 were African American, 12 were Asian-American, and 5 identified as other. (Participants were allowed to claim multiple ethnicities.)

Procedure and measures

Participants arrived for a study on "social perception" and, after providing informed consent, responded to a survey questionnaire administered via computer containing the following:

Demographic items

Participants responded to items assessing their gender, age, ethnicity, religion, and sexual orientation (Appendix B). Sexual orientation was assessed with the following options: *Exclusively heterosexual (only attracted to opposite sex)*, *Mostly heterosexual*

(mostly attracted to opposite sex, some attraction to same sex), Bisexual (attracted to both sexes), Mostly homosexual (mostly attracted to same sex, some attraction to opposite sex), or Exclusively homosexual (only attracted to same sex). Only the data of those participants identifying as exclusively or mostly heterosexual were analyzed.

Introduction of target

Before answering any further questions, participants read the following text, which brought to mind the person who would serve as an attitude target for the remainder of the study:

“Thank you for participating in today's study. Before you proceed with the study, we'd like to explain a bit more of what the study is about. This study will ask you a number of questions about one of your social relationships. As you answer these questions, you will need to think about your association with a specific person.

“The person you will need to think about is any non-heterosexual acquaintance that you have. By non-heterosexual, we mean anyone who is gay, lesbian, or bisexual. Take a moment now to think about a non-heterosexual person you know. This person may be a friend or a family member, or this person may be a mere acquaintance, such as a coworker or classmate.

“Remember, this person can be anybody, as long as they are non-heterosexual (meaning gay, lesbian, or bisexual). This person might be a friend, family member, coworker, classmate, or anyone else you know who is non-heterosexual.

“Take a moment to think of a specific person you know who matches this description. It's important to keep this person in mind, as you are going to answer a number of questions about this person. Once you have this person firmly in mind, go to the next page to proceed with the study.”

Participants then read the following prompt: “Now that you have this person clearly in mind, type this person's initials in the space below. (Do NOT type this person's name, only his or her initials. Typing this person's initials will help you keep this person in mind.)” Participants then entered the target’s initials. These initials were not used as a variable in any analyses, and were only asked for as a way to help the participant to commit to thinking about a specific person for the following measures.

Target demographics

Participants were then prompted to indicate the target’s gender and the target’s sexual orientation. Target’s sexual orientation was indicated using the same options as the participants own sexual orientation: *Exclusively heterosexual (only attracted to opposite sex)*, *Mostly heterosexual (mostly attracted to opposite sex, some attraction to same sex)*, *Bisexual (attracted to both sexes)*, *Mostly homosexual (mostly attracted to same sex, some attraction to opposite sex)*, or *Exclusively homosexual (only attracted to same sex)*. Only the data of those participants identifying the target as bisexual, mostly homosexual, or exclusively homosexual were analyzed.

Relationship to target

Participants then responded to the item “What is the nature of this person's association with you?” with the following options: *friend, family member, coworker, classmate, or other.*

Stigma characteristics

A number of measures assessed the stigma characteristics that were hypothesized to influence disclosure of associative stigma: harmfulness, control over formation, and control over continuation of the relationship.

Apparent harmfulness of relationship: Participants then responded to four items assessing how harmful their relationship with the target might appear to other people. After reading these instructions, “Think about how your association with this person appears to other people (such as your friends or family), then answer the following questions by choosing the number that best represents your response”, participants responded to four items with this stem: “Other people (such as friends and family) would consider my association with this person to be”, which was followed by a seven-point Likert-type scale with anchors at each end, assessing the extent to which the relationship would be viewed as dangerous, inconvenient, beneficial, and harmful (Appendix C). The *beneficial* item was reverse-scored and item scores were averaged to create a composite score, $\alpha = .751$.

Control over relationship formation: Participants responded to four items assessing how much control they had over the formation of their relationship with the target. After reading the prompt, “Think about the how your association with this person formed (that is, how the relationship originally started), then answer the following questions by choosing the number that best represents your response”, participants responded to three items measuring how much control, how much choice, and how much freedom they had over the formation of their association with the target, as well as a fourth item asking how necessary the formation of this relationship was. Responses were scored on a seven-point Likert-type scale (Appendix D). The “necessary” item was reverse-scored and the four items averaged to form a composite score, $\alpha = .708$.

Control over relationship continuation: Participants responded to four items assessing how much control they have over the continuation of their relationship with

the target. After reading the prompt, “Think about why your association with this person continues (that is, why the relationship has not ended), then answer the following questions by choosing the number that best represents your response”, participants responded to three items measuring how much control, how much choice, and how much freedom they have over the continuation over their association with the target, as well as a fourth item asking how necessary the continuation of this relationship is. Responses were scored on a seven-point Likert-type scale (Appendix E). The “necessary” item was reverse-scored and the four item scores were averaged to create a composite score, $\alpha = .623$.

Concealability of relationship

Participants responded to three items assessing how concealable their relationship with the target is. After reading the prompt, “Think about how easy or difficult it would be to conceal your relationship with this person. In other words, think about how easy or difficult it is to keep other people (such as friends and family) from knowing that you have an association with this person. Then answer the following questions by choosing the number that best represents your response”, participants responded to three items measuring how concealable, noticeable, and obvious their association with the target is. Responses were scored on a seven-point Likert-type scale (Appendix F). The “noticeable” and “obvious” items were reverse-scored and the three items were averaged to create a composite score, $\alpha = .745$.

Environmental factors

Participants responded to items assessing relevant to four social domains: family, friends, work, and society in general.² For each of these social domains, participants assessed the presence of the three environmental factors of interest to this study (presence of similar others, presence of supportive allies, presence of institutional support) as well how much they had disclosed, to the relevant social domain, their relationship with the target. Participants answered all these items for one social domain before responding to the same items for the next social domain in turn, starting with family, then friends, then work, and finally society in general. All items were scored on seven-point Likert-type scales (Appendix G).

Similarity. Three of the similarity items asked participants to indicate how much members of the relevant social domain were similar to the participants themselves with regard to the target's stigma (i.e., homosexuality). These three items asked "How many people do you know in [social domain] who are non-heterosexual (meaning gay, lesbian, or bisexual)?", "How many people do you know in [social domain] who are heterosexual, but are associated with a non-heterosexual (meaning gay, lesbian, or bisexual)?", and "How many people do you know in [social domain] who have attitudes and beliefs about homosexuality similar to your own attitudes?". For the "family" items, α

² I examined differences between social domains because we might expect some disclosure behaviors (as well as the motivating reasons behind them) to differ across social domains. (i.e., participants may disclose associative stigma to their friends but not to their family.) By specifically examining these social domains separately, my method would, I hoped, be more sensitive to those relationships that exist between the variables of interest. As for these four domains in particular, there was no compellingly strong reason for my selecting them for examination in this study. I decided, a priori, that I could count on these four social domains to figure predominantly in participants' social lives. In retrospect, I realize that this assumption may not have been correct on all counts: While most participants can likely be counted on to have family and friends, perhaps not as many have held down jobs by the time they participated in this study.

= .358, for the “friends” items, $\alpha = .669$, for the “work” items, $\alpha = .686$, and for the “society in general” items, $\alpha = .748$.³

Three of these similarity items also asked how much time the participant spends around these groups, as follows: “How much time do you spend around people who are non-heterosexual among [social domain]?”, “How much time do you spend around people who are heterosexual, but are associated with a non-heterosexual in [social domain]?”, and “How much time do you spend around people who have attitudes and beliefs about homosexuality similar to your own attitudes in [social domain]?”. For the “family” items, $\alpha = .477$, for the “friends” items, $\alpha = .696$, for the “work” items, $\alpha = .748$, and for the “society in general” items, $\alpha = .794$.

As evident from these alphas, the measures for similarity within the participants’ families generally had poor interitem reliability. Investigations of the correlations between these items showed that the alpha for the scale measuring *how many* people in the family domain were associated with homosexuality could be raised from .358 to .414 by dropping the third item, “How many people do you know in your family who have attitudes and beliefs about homosexuality similar to your own attitudes?”

Likewise, regarding the scale measuring *how much time* the participants spent around people in the family who were associated with the stigma, I found that the alpha could be raised from .477 to .585 by dropping the third item, “How much time do you spend around people who have attitudes and beliefs about homosexuality similar to your own attitudes in your family?”

³ Note that the similar attitude measures make no mention of whether the attitudes are favorable or unfavorable toward homosexuality. The valence of these attitudes may have implications, independent of the similarity of these attitudes to the participant’s, for a participant’s willingness to disclose associative stigma.

These new alphas, while not quite good, are an improvement. I'm uncertain why the items tapping similarity of attitudes within the family seem to correlate poorly with the other items measuring similarity within the family, but I ultimately elected to drop those two items in my calculation of these two composites, and used the remaining items to calculate a composite score for how much members of their families were associated with homosexuality ($\alpha = .358$) and how much time they spent around these family members ($\alpha = .477$).

Presence of allies. Four items asked participants about the presence of people (i.e., allies) in the relevant social domain who were supportive of those associated with the target's stigma (homosexuality). After reading the prompt "Think about people you know who are heterosexual, but are supportive of and friendly toward people who are not heterosexual. (In other words, think of people you know who are straight but 'gay-friendly')", participants answered two items asking how many people they knew in the relevant social domain who were heterosexual themselves, and who were *supportive of and friendly toward* people who are non-heterosexual. Responses were made on seven-point Likert-type scales anchored on one end by "None at all" and on the other end by "Very many". For the "family" items, $\alpha = .824$, for the "friends" items, $\alpha = .893$, for the "work" items, $\alpha = .931$, and for the "society in general" items, $\alpha = .911$.

Two items also surveyed participants on the amount of time they spent in the company of supportive allies in these social domains, asking how much time they spend around people in the social domain who are *supportive of and friendly toward* people who are non-heterosexual. For the "family" items, $\alpha = .922$, for the "friends" items, $\alpha = .902$, for the "work" items, $\alpha = .945$, and for the "society in general" items, $\alpha = .935$.

Institutional support

Two items surveyed participants on the degree of institutional support they perceived in the social domain. These items were “In your own opinion, how supportive and protective is [social domain] of non-heterosexuals?” and “In your own opinion, how supportive and protective is [social domain] of heterosexuals who are associated with non-heterosexuals?”. For the “family” items, $\alpha = .822$, for the “friends” items, $\alpha = .884$, for the “work” items, $\alpha = .895$, and for the “society in general” items, $\alpha = .712$.

Disclosure. For each of these social domains, participants also indicated whether (and how much) they disclosed their relationship with the target to members of the social domain. Two items measured the extent of this disclosure: “How much have you told [social domain] about your relationship with this person?” and “How open are you to [social domain] about your relationship with this person?”. For the “family” items, $\alpha = .798$, for the “friends” items, $\alpha = .800$, for the “work” items, $\alpha = .726$, and for the “society in general” items, $\alpha = .796$. A third, dichotomous, yes/no item asked simply “Have you told members of [social domain] about your relationship with this person?”.⁴

Closeness. Participants’ closeness to the target was measured in two ways—first, and more traditionally, through use of Sternberg’s (1988) Intimacy Scale, a 15-item measure of closeness (Appendix H). A composite score was calculated by averaging these 15 item scores, $\alpha = .975$.

Participants also indicated their closeness to the target by use of a single-item continuous measure of self-other overlap (Le, Moss, & Mashek, 2007), modeled after the more traditional, seven-point Inclusion of Other in the Self (IOS) scale developed by

⁴ Note that these items do not explicitly ask if participants have disclosed the target’s stigma to the audience.

Aron, Aron, and Smollan (1992). Like its predecessor, the continuous IOS measures self-other overlap by means of a pair of overlapping circles. Unlike the original IOS, however, participants do not respond by selecting one of several pre-generated images of paired circles differing in their degree of overlap. Rather, the continuous IOS runs on a Java applet that allows participants to use their computer mouse to click and drag one circle over another until achieving the desired degree of overlap. The applet translates the participant's response into an incremental percentage value ranging from zero percent (for no overlap) to 100% (for complete overlap).

A more useful measure also provided by this same applet is a measure of closeness, which is calculated as the distance between the rightmost point of the “self” circle and the leftmost point of the “other” circle. A closeness value of zero exists is output when these two points are in the same location. As the “self” is moved to the right (which simultaneously increased the overlap of the two circles), then the closeness value increases to a maximum possible value of +100, when the “self” circle cannot be moved any further to the right and the two circles are directly on top of each other. However, as the “self” circle is moved to the left, away from the “other” circle, the applet outputs a *negative* closeness value, to a minimum possible distance of -200. The closeness value output by the applet, therefore, ranges from -200 to +100, where any negative value indicates that the self is being distanced from the other, and any positive value indicates that the self overlaps, to some degree, with the other. This greater range of possible values makes applet’s closeness measure, in my opinion, a more telling variable than the applet’s overlap measure, which only ranges from 0 to 100. It is for this

reason that the closeness value output by the continuous IOS will be preferred in these analyses.

A working demonstration of the continuous IOS can be viewed on its creator's web page (http://www.haverford.edu/psych/ble/continuous_ios/demo.html) (Le & Moss, 2007), though you may also refer to the illustration provided in Appendix A.

Attitudes toward lesbians and gays. Participants' attitudes toward gay and lesbian people were assessed using Herek's (1984, 1998) Attitudes Toward Lesbians and Gay Men Scale (Appendix I), containing ten items measuring attitudes toward lesbian women ($\alpha = .866$), and another ten items assessing attitudes toward gay men ($\alpha = .943$).

After responding to each of these measures, participants were debriefed and awarded their credit.

Results

Target descriptives

To provide useful context to these analyses, I analyzed the information about the non-heterosexual targets that the participants generated for the study. Of the 173 targets that participants generated, 52 (30.1%) were female and 121 (69.9%) were male. 96 of the targets (55.5%) were identified as "exclusively homosexual", 40 (23.1%) were identified as "mostly homosexual", and 37 (21.4%) were identified as bisexual. 102 of the targets (59.0%) were friends of the participant, 31 (17.9%) were classmates of the participant, 21 (12.1%) were family members of the participant, 7 (4%) were coworkers of the participant, and 12 (6.9%) were specified by the participants as "other". For a table of target descriptives, including a breakdown by participant gender, please see Table 1.

Test of hypotheses 1a and 1b: Stigma characteristics

My first hypotheses concerned whether relationship harmfulness and relationship controllability predicted disclosure of associative stigma. I predicted that these predictors would be negatively related to disclosure. Table 2 depicts correlations between these variables.

To test this relationship, I constructed four separate simultaneous regression equations in which I regressed each of the four different disclosure variables (disclosure to family, friends, work, and society) on the harmfulness variable and the two control variables (control over relationship formation and control over relationship continuation). Results of these analyses are depicted in Table 3.)

For each of the dichotomous variables assessing whether participants had disclosed the relationship to the respective social domain, I constructed a series of logistic regression equations with harmfulness, formation, and continuation predicting participants' responses (Yes or No) to that item. (Results of these analyses are depicted in Table 4.)

Disclosure to family. When disclosure to family was regressed on harmfulness ($\beta = -.341, p < .001$), relationship formation ($\beta = .003, p = .966$), and relationship continuation ($\beta = -.088, p = .930$) in a simultaneous equation, only relationship harmfulness significantly predicted disclosure, and in the predicted, negative direction.

For the logistic regression equation with relationship harmfulness ($b = .585, p < .005$), formation ($b = -.062, p = .667$), and continuation ($b = .068, p = .706$) as the predictors of the decision to disclose (where "Yes" = 1 and "No" = 2), only harmfulness emerged as a significant predictor of participants' decision to disclose the relationship to family members, and in the predicted direction.

Disclosure to friends. When disclosure to friends was regressed on harmfulness ($\beta = -.295, p < .001$), relationship formation ($\beta = .254, p < .005$), and relationship continuation ($\beta = -.038, p = .633$) in a simultaneous equation, only relationship harmfulness and the participant's control over the formation of the relationship emerged as significant predictors of their disclosure of the associative stigma to friends. While harmfulness was negatively associated with disclosure (as predicted), greater control over relationship formation was related to more disclosure, a positive relationship contrary to the negative relationship I predicted.

For the logistic regression equation with relationship harmfulness ($b = .219, p = .324$), formation ($b = -.126, p = .541$), and continuation ($B = -.353, p = .142$) as the predictors of the decision (where "Yes" = 1 and "No" = 2), none of these variables emerged as significant predictors of participants' decision to disclose the relationship to their friends.

Disclosure to work. When disclosure at work was regressed on harmfulness ($\beta = -.262, p < .005$), relationship formation ($\beta = .124, p = .163$), and relationship continuation ($\beta = .035, p = .689$) in a simultaneous equation, only harmfulness significantly predicted people's disclosure of their associative stigma to people in their workplace, and in the predicted, negative direction.

For the logistic regression equation with relationship harmfulness ($b = .529, p < .005$), formation ($b = -.095, p = .467$), and continuation ($b = -.011, p = .948$) as the predictors of the decision (where "Yes" = 1 and "No" = 2), only harmfulness emerged as a significant predictor of participants' decision to disclose the relationship to their workplace, and in the predicted direction.

Disclosure to society. When disclosure to society in general was regressed on harmfulness ($\beta = -.417, p < .001$), relationship formation ($\beta = .194, p < .05$), and relationship continuation ($\beta = .008, p = .914$) in a simultaneous equation, only relationship harmfulness and the participant's control over the formation of the relationship emerged as significant predictors of their disclosure of the associative stigma to society in general. While harmfulness was negatively associated with disclosure (as predicted), greater control over relationship formation was related to more disclosure, a positive relationship contrary to the negative relationship I predicted.

For the logistic regression equation with relationship harmfulness ($b = .529, p < .005$), formation ($b = -.095, p = .467$), and continuation ($b = -.011, p = .948$) as the predictors of the decision (where "Yes" = 1 and "No" = 2), only harmfulness emerged as a significant predictor of participants' decision to disclose the relationship to society in general, and in the predicted direction.

In sum, I predicted that relationship harmfulness and the controllability of the relationship's formation and continuation would predict disclosure of associative stigma. For all four social domains, harmfulness predicted disclosure of associative stigma, and in the predicted (negative) direction. Of the other stigma characteristics examined here, only control over the formation of the relationship also predicted disclosure of associative stigma, but only for the domains of friends and society in general, and in opposite the predicted direction.

Ancillary analyses. What could account for this unanticipated finding? There may be some third variable that could account for this relationship, some virtue of the stigmatized person that not only makes people more willing to form a relationship with

the person, but also makes them more willing to proclaim the existence of the relationship, as this virtue may offset the proposed negative effects of being responsible for the marked relationship.

Unfortunately, these potential virtues could take the form of any number of possible third factors: wealth, attractiveness, charm, success, or a host of others. Even if it were feasible to conduct an empirical investigation into the role of such virtues in this relationship between formation and disclosure, such an analysis would be beyond the scope of what the present data allow for, as none of the measures here inquire about the target's personal "virtues".

However, while some virtue, so to speak, of the target may account for this relationship, it may also be that some virtue of the participant him- or herself could be responsible: specifically, the virtue of the participant's tolerance and respect for gay and lesbian people. If a person is low in heterosexism, we can expect not only that they will be more likely to voluntarily form relationships with gay and lesbian people, but that they would also be less hesitant to disclose such relationships to the public.

To see whether participant heterosexism (as measured by either the Attitudes Toward Lesbians Scale, or the Attitudes Toward Gay Men Scale, with the scale matched to the target's gender) accounts for the relationship between relationship formation and disclosure to friends and society, I first determined that the Pearson correlation between formation control and disclosure to friends ($r = .268, p < .001$) remained a significant partial correlation ($r = -.248, p < .005$) when controlling for ATLG. Likewise, the Pearson correlation between formation control and disclosure to society ($r = .240, p < .01$) remained a significant partial correlation ($r = .213, p < .01$) when

controlling for ATLG. As controlling for ATLG does not seem to reduce the correlation between formation control and disclosure, participant heterosexism does not seem likely to underlie this relationship.

Another explanation for this relationship between volition and disclosure may be suggested by the literature on choice-induced attitude change (Brehm, 1956; Festinger, 1964; Gerard & White, 1983; Lieberman, Oschner, Gilbert, & Schacter, 2001). The gist of this literature is that people come to like those things they have freely chosen, with cognitive dissonance traditionally cited as the cause of this attitude change: People modify their attitudes toward the choice objects in order to bring those attitudes into consonance with their choice behavior.

By that same token, people's attitudes toward other people may undergo similar shifts as a result of their freely-chosen decision to enter into relationships with those people. If participants freely chose to be associated with the target, then, they should also like the target more. Could this greater liking, in turn, lead to greater disclosure of the stigmatized relationship, thereby mediating the volition-disclosure relationship?

While liking and relationship closeness are distinct constructs, they may be related enough to allow for measures of closeness (as those employed in this study) to tap participants' felt liking of the target. To see whether closeness mediated the relationship between volition and disclosure, I regressed closeness (as measured by the Sternberg Closeness Inventory) onto formation control to verify that participants' perceived control over the formation of the relationship did predict relationship closeness, $\beta = .267, p < .001$.

To determine whether closeness mediated the relationship of formation to disclosure to friends, I regressed disclosure to friends onto formation, $\beta = .268, p < .001$. After adding closeness to the equation as a predictor, I found that closeness predicted disclosure to friends, $\beta = .429, p < .001$, while formation remained predictive, but less so, $\beta = .154, p < .05$. A Sobel test confirmed this partial mediation by relationship closeness, Sobel = 2.84, $p < .01$.

To determine whether closeness mediated the relationship of formation to disclosure to society in general, I regressed disclosure to society onto formation, $\beta = .240, p < .01$. After adding closeness to the equation as a predictor, I found that closeness predicted disclosure to society, $\beta = .384, p < .001$, while formation ceased to be predictive, $\beta = .138, p = .058$. A Sobel test confirmed this mediation by relationship closeness, Sobel = 2.68, $p < .001$.

It is of course necessary to consider how the nature of the relationship could factor into people's feelings with their stigmatized associate. We should naturally expect that participants who specified a family member as their target for this study will feel less control over the formation and continuation of the relationship than, perhaps, participants who specified a friend, coworker, or classmate.

One-way ANOVAs generally confirm this suspicion. Perceived control over relationship formation was associated with relationship type, $F(3, 157) = 29.14, p < .001$, where family members ($M = 3.07, SD = 1.64$) had a lower mean than did friends ($M = 5.39, SD = .968$), coworkers ($M = 3.64, SD = 2.09$), and classmates ($M = 4.02, SD = 1.32$). Scheffe's test showed these differences to be significant for family and friends ($p < .001$) and family and classmates ($p < .05$).

Likewise, relationship type was also associated with perceived control over the continuation of the relationship, $F(3, 157) = 7.85, p < .001$, with family members ($M = 4.92, SD = .96$) again having a lower mean than did friends ($M = 5.83, SD = .782$), coworkers ($M = 5.07, SD = 1.91$), or classmates ($M = 5.02, SD = 1.59$). This time, post hoc tests only showed this difference to be significant between family members and friends. (Table 5 displays means for both these ANOVAs.)

The lower perceived control over associations with family members and coworkers may go toward explaining why, in those social domains, perceived control over the relationship's formation was not associated with disclosure of the relationship. Perceived control was simply not at issue in these situations, where relationships were most determined by situations beyond the participants' control.

It's reasonable to question whether the participant's relationship with the stigmatized target might matter for disclosure decisions. For example, if the target is a family member, will the participant still be likely to tell other family members about the target's orientation?

While no question specifically asked participants whether the target was part of the social domain of disclosure, they did indicate the nature of their relationship to the target, which does allow me to examine how these results might change depending on the relationship type. However, such explorations are constrained by the targets that the participants voluntarily generated, which do not always map onto the social domains of interest, and are not equally represented in the sample. As depicted in Table 1, friends (102, 59.0%), classmates (31, 17.9%), and family members (21, 12.1%) were the most popular relationships types, and only friends and family members were considered as

domains of disclosure in this study. I will therefore examine only those 123 participants who identified a friend or family member for whether it matters if the target shared the domain of disclosure or not. In these analyses, I again regressed disclosure onto the predictors of harmfulness, formation, and concealability.

For participants who generated a family member as the target, harmfulness ($\beta = -.552, p < .05$) predicted disclosure to family members while relationship formation ($\beta = -.350, p = .159$) and relationship continuation ($\beta = -.008, p = .970$) did not. However, for these same participants, neither harmfulness ($\beta = .028, p = .903$), formation ($\beta = -.087, p = .726$), nor continuation ($\beta = -.457, p = .063$) predicted disclosure. Harmfulness seemed to matter when disclosing associative stigma from a family member to another family member, but not to a friend.

For participants who generated a friend as the target, harmfulness ($\beta = -.251, p < .01$) and formation ($\beta = .282, p < .01$) both predicted disclosure to other friends, while continuation ($\beta = -.061, p = .536$) did not. For these same participants, neither harmfulness ($\beta = -.167, p = .101$), formation ($\beta = .086, p = .414$), nor continuation ($\beta = .053, p = .611$) predicted disclosure to family. We see again that stigma characteristics predicted within-domain disclosure but did not predict cross-domain disclosure. Curiously, control over relationship formation was again positively related to disclosure, possibly for the reasons discussed earlier.

Test of hypothesis 1c: Concealability

My next hypothesis concerned whether the concealability of associative stigma constrains the ability to manage it by concealing it, with the prediction that the associative stigma's concealability would moderate the effects of the other predictors on

disclosure such that, as concealability decreases, the relationship between the predictor and disclosure will weaken.

To test for this predicted moderation, I conducted a series of regression equations using those stigma characteristics that had been found to be predictive of disclosure⁵ (i.e., harmfulness for disclosure to all four social domains, and control over formation for disclosure to friends and society in general.) I created interaction terms by multiplying these predictors with participants' reported concealability of the stigmatized relationship, and regressed disclosure onto the interaction terms, the predictor, and concealability. All predictor variables were mean-centered prior to their inclusion in these regression equations and their calculation into the interaction terms.

Disclosure to family. Disclosure to family was regressed onto harmfulness ($\beta = -.293, p < .001$), concealability ($\beta = -.243, p < .001$), and the harmfulness \times concealability interaction term ($\beta = -.016, p = .823$). Concealability did not moderate the relationship of harmfulness to disclosure to family members. (Table 6 displays the results of these analyses.)

Disclosure to friends. Disclosure to friends was regressed onto harmfulness ($\beta = -.279, p < .001$), concealability ($\beta = -.267, p < .001$), and the harmfulness \times concealability interaction term ($\beta = .068, p = .350$). Concealability did not moderate the relationship of harmfulness to disclosure to friends.

Disclosure to friends was also regressed onto relationship formation ($\beta = .215, p < .005$), concealability ($\beta = -.291, p < .001$), and the formation \times concealability

⁵ As interactions are independent of main effects, I also tested whether those predictors that initially did not predict disclosure interacted with concealability in affecting disclosure. None of these interactions were significant, but the results of these analyses are nonetheless reported in tables 6, 7, 8, and 9.

interaction term ($\beta = .000, p = .998$). Concealability did not moderate the relationship of formation to disclosure to friends. (Table 7 displays the results of these analyses.)

Disclosure to work. Disclosure to work was regressed onto harmfulness ($\beta = -.277, p < .005$), concealability ($\beta = -.108, p = .185$), and the harmfulness \times concealability interaction term ($\beta = .129, p = .110$). Concealability did not moderate the relationship of harmfulness to disclosure to work. (Table 8 displays the results of these analyses.)

Disclosure to society in general. Disclosure to society was regressed onto harmfulness ($\beta = -.452, p < .001$), concealability ($\beta = -.142, p < .05$), and the harmfulness \times concealability interaction term ($\beta = .226, p < .005$). Concealability did moderate the relationship of harmfulness to disclosure to society in general. However, this moderation was such that the relationship of harmfulness to disclosure actually decreased as the concealability of the stigma increased, a relationship directly contrary to the one I predicted.

Disclosure to society was also regressed onto relationship formation ($\beta = .201, p < .01$), concealability ($\beta = -.230, p < .005$), and the formation \times concealability interaction term ($\beta = .025, p = .736$). Concealability did not moderate the relationship of formation to disclosure to society in general. (Table 9 displays the results of these analyses.)

In sum, I predicted that the concealability of the associative stigma would moderate the relationship between the stigma characteristics and disclosure of the associative stigma. Such an interaction was only found for one stigma characteristic (harmfulness) and only for a single social domain (society in general), and—most problematically—the discovered interaction was opposite that which I had predicted: As

concealability increased, the relationship between harmfulness and disclosure became weaker instead of stronger.

Tests of hypotheses 2a, 2b, and 2c: Environmental factors

These hypotheses were concerned with the relationship of external factors (supportive allies, similar others, and institutional support) to disclosure of associative stigma. I predicted that these factors would be positively related to disclosure of the stigmatized relationship. Tables 10, 11, 12, and 13 depict correlations between these variables for the domains of family, friends, work, and society in general, respectively.

To test these predictions, I constructed a series of regression equations regressing the disclosure variables for each of the social domains (family, friends, work, and society in general) onto the appropriate measures of environmental factors (known allies, time around allies, known similar others, time around similar others, and institutional support) for those domains. Results of these analyses are depicted in Table 14.)

For each of the dichotomous variables assessing whether participants had disclosed the relationship to the respective social domain, I constructed a series of logistic regression equations with the five environmental factors predicting participants' responses (Yes or No) to that item. (Results of these analyses are depicted in Table 15.)

Disclosure to family. Disclosure to family was regressed on known allies ($\beta = -.070$, $p = .568$), time around allies ($\beta = .106$, $p = .333$), known similar others ($\beta = .091$, $p = .352$), time around similar others ($\beta = .083$, $p = .392$), and institutional support ($\beta =$

.264, $p < .05$). The presence of institutional support in the family predicted disclosure to the family, in the predicted direction.⁶

For the logistic regression equation with known allies ($b = .115$, $p = .559$), time around allies ($b = -.206$, $p = .214$), known similar others ($b = -.124$, $p = .626$), time around similar others ($b = -.068$, $p = .719$), and institutional support ($b = -.226$, $p = .798$) as the predictors of the decision (where “Yes” = 1 and “No” = 2), none emerged as a significant predictor of participants’ decision to disclose the relationship to family members.

Disclosure to friends. Disclosure to friends was regressed on known allies ($\beta = .168$, $p = .199$), time around allies ($\beta = .107$, $p = .371$), known similar others ($\beta = -.071$, $p = .548$), time around similar others ($\beta = .290$, $p < .05$), and institutional support ($\beta = .143$, $p = .191$). Time spent around similar others among friends predicted disclosure to friends, in the predicted direction.

For the logistic regression equation with known allies ($b = .015$, $p = .972$), time around allies ($b = -.515$, $p = .207$), known similar others ($b = .434$, $p = .401$), time around similar others ($b = -.302$, $p = .740$), and institutional support ($b = -.374$, $p = .688$) as the predictors of the decision (where “Yes” = 1 and “No” = 2), none emerged as a significant predictor of participants’ decision to disclose the relationship to friends.

Disclosure to work. Disclosure to work was regressed on known allies ($\beta = -.107$, $p = .477$), time around allies ($\beta = .185$, $p = .217$), known similar others ($\beta = -.180$, $p = .254$), time around similar others ($\beta = .464$, $p < .01$), and institutional support (β

⁶ When this analysis was conducted using the original planned composites (including the problematic items measuring similarity of attitudes within the family) there was no change in the pattern of significance of the predicting variables.

=.227, $p < .05$). Time spent around similar others in work, and institutional support in work, predicted disclosure to others in work, in the predicted direction.

For the logistic regression equation with known allies ($b = .308$, $p = .196$), time around allies ($b = -.110$, $p = .635$), known similar others ($b = .508$, $p = .117$), time around similar others ($b = -1.043$, $p < .005$), and institutional support ($b = -.216$, $p = .208$) as the predictors of the decision (where “Yes” = 1 and “No” = 2), only time spent around similar others emerged as a significant predictor of participants’ decision to disclose the relationship to coworkers, and in the predicted direction.

Disclosure to society in general. Disclosure to society in general was regressed on known allies ($\beta = .149$, $p = .255$), time around allies ($\beta = .165$, $p = .221$), known similar others ($\beta = -.469$, $p < .005$), time around similar others ($\beta = .591$, $p < .001$), and institutional support ($\beta = .013$, $p = .865$). Knowledge of similar others, and time spent around similar others, both predicted disclosure of associative stigma to society in general. However, while time spent around other people predicted disclosure in the predicted (positive) direction, knowledge of similar others predicted disclosure in the negative direction, opposite that predicted.

For the logistic regression equation with known allies ($b = .126$, $p = .633$), time around allies ($b = -.546$, $p < .05$), known similar others ($b = .390$, $p = 1.477$), time around similar others ($b = -.507$, $p = .074$), and institutional support ($b = -.133$, $p = .875$) as the predictors of the decision (where “Yes” = 1 and “No” = 2), only time spent around allies emerged as a significant predictor of participants’ decision to disclose the relationship to society in general, and in the predicted direction.

In sum, I predicted that the external factors of supportive allies, similar others, and institutional support would predict disclosure of associative stigma. Within each social domain, every environmental factor was (positively) correlated with disclosure to members of that social domain. When entered into simultaneous regressions, however, time spent around similar others predicted disclosure to friends, workmates, and society in general while institutional support predicted disclosure to family and workmates. Problematically, knowledge of similar others also predicted disclosure to society in general, but this relationship became negative when the other environmental factors were controlled for.

Ancillary analyses. Again, “similar others” is being defined here as other people who are either primarily or secondarily associated with the stigma (respectively, either people who were non-heterosexual themselves or were associated with someone non-heterosexual) or who had attitudes about homosexuality similar to the participant’s.

I was curious to see how time spent around each of these types of similar other, when examined separately, might be connected to disclosure. To investigate this, I used the “time spent around similar other” items from all four social domains to calculate three new variables: primarily-stigmatized others (who were non-heterosexual themselves, $\alpha = .768$), associatively-stigmatized others (heterosexuals associated with non-heterosexuals, $\alpha = .804$), and like-attitude others (heterosexuals with similar attitudes about non-heterosexuals, $\alpha = .754$). I then used these three new variables as predictors in a multivariate analysis with all four disclosure variables as criterion variables.

To clarify, I in effect collapsed across all four social domains to examine the relationship of these environmental factors (time spent around non-heterosexuals, time spent around heterosexuals associated with non-heterosexuals, and time spent around heterosexuals with similar attitudes about non-heterosexuals) to disclosure of associative stigma in general.

Of these three predictors, time spent around non-heterosexuals ($\lambda = .918, p < .05$) and time spent around heterosexuals associated with non-heterosexuals ($\lambda = .922, p < .05$) predicted disclosure of associative stigma. Time spent around heterosexuals with similar attitudes about homosexuality did not predict disclosure ($\lambda = .975, p = .466$). It may not be surprising to know that people are willing to disclose their associative stigma to other people who have the primary stigma (i.e., “You’re gay? So’s my brother.”) I also note with interest that people are willing to disclose their associative stigma to other people who have the same associative stigma (“You have a gay brother? So do I.”)

As mentioned, knowledge of similar others also predicted disclosure to society in general, but this relationship underwent a problematic flip when the other environmental factors were controlled for, going from positive to negative. “Bouncing betas” such as this may arise from multicollinearity between the various predictors used in the regression equation. As can be seen in the correlation matrices for environmental characteristics for the social domains of family, friends, work, and society in general (Tables 10, 11, 12, and 13, respectively), the scales measuring known allies and time around allies tend to be highly correlated (respectively, $r = .738, .815, .856, \text{ and } .831$),

as are the scales measuring known similar others and time around similar others ($r = .653, .823, .875, \text{ and } .884$).

Although it is theoretically interesting to distinguish between “knowledge of” and “time spent around” members of a certain group, these variables are both conceptually similar and statistically correlated enough that I felt safe collapsing them together, forming one “allies” and one “similar others” variable for each of the four social domains. The Cronbach’s alphas for these new composite variables are presented in Table 16. When disclosure to each of the four social domains is regressed onto the environmental characteristics (allies, similar others, and institutional support) for that domain.

Results of these regressions are presented in Table 17. Comparing these results to those in Table 14, we can see that institutional support still predicts disclosure to family (and similar others now predicts it as well); similar others still predicts disclosure to friends (and allies now predicts it as well); similar others and institutional support still predict disclosure to coworkers; and, most interestingly, similar others has ceased to predict disclosure to society in general, which is now predicted by the presence of allies.

This last case is the most radically altered by the change to the composites. Seemingly, in the domain of society in general, the total predictive variance accounted for by the presence of allies was nonsignificant when divided between the “knowledge of” and “time around” composites. When these composites were combined, the predictive variance accounted for by the presence of allies was enough to deprive the presence of similar others of its own predictiveness, when these composites were simultaneously present.

Regardless of why this alteration occurred, the negative beta has vanished, implicating multicollinearity as a problem in the original analysis, and providing a clearer picture of which environmental factors predict disclosure of associative stigma, and in which social domains.

As with my analyses of stigma characteristics, I again examined participants who generated a friend or family member to explore how these findings may differ when disclosure is within- or between-domain.

For participants who generated a family member as the target, neither the presence of family allies ($\beta = .244, p = .608$), family similar others ($\beta = .097, p = .730$), nor family institutional support ($\beta = .312, p = .492$) predicted disclosure to family. Likewise, neither friend allies ($\beta = .097, p = .836$), friend similar others ($\beta = -.008, p = .975$), nor friend support ($\beta = .401, p = .366$) predicted disclosure to friends. The fact that none of these predictors emerged as significant, despite earlier results, may be attributable to the smaller sample size.

For participants who generated a friend as the target, friend similar others ($\beta = .260, p < .05$) predicted disclosure to friends, while friend allies ($\beta = .225, p = .135$) and friend institutional support ($\beta = .065, p = .651$) did not. However, neither family allies ($\beta = .041, p = .765$), family similar others ($\beta = .094, p = .371$), nor family institutional support ($\beta = .153, p = .254$) predicted disclosure to family members. We see again that, as with stigma characteristics, the proposed predictors were only predictive when the relationship type matched the social domain.

Test of hypothesis 3a: Relationship closeness

This hypothesis held that the centrality of the stigmatized other to the self (i.e., closeness) would predict disclosure of associative stigma, such that greater closeness would predict greater disclosure. Table 18 depicts correlations between these variables.

To test this relationship, I constructed a series of regression equations in which I regressed each of the disclosure variables (to family, friends, work, and society in general) on the two measures of closeness used by the participants (the Sternberg Intimacy Scale and the continuous IOS). Results of these analyses are depicted in Table 19.

For each of the dichotomous variables assessing whether participants had disclosed the relationship to the respective social domain, I constructed a series of logistic regression equations with the two measures of closeness predicting participants' responses (Yes or No) to that item. (Results of these analyses are depicted in Table 20.)

Disclosure to family. Disclosure to family was regressed on the Sternberg Intimacy Scale ($\beta = .544, p < .001$) and the IOS ($\beta = -.065, p = .443$). The Sternberg Intimacy Scale predicted disclosure to family, in the predicted (positive) direction.

For the logistic regression equation with the Sternberg Intimacy Scale ($b = -.634, p < .001$) and the continuous IOS ($b = .002, p = .595$) as the predictors of the decision (where "Yes" = 1 and "No" = 2), only the Sternberg scale emerged as a significant predictor of participants' decision to disclose the relationship to family, and in the predicted direction.

Disclosure to friends. Disclosure to friends was regressed on the Sternberg Intimacy Scale ($\beta = .492, p < .001$) and the IOS ($\beta = -.020, p = .814$). The Sternberg Intimacy Scale predicted disclosure to friends, in the predicted (positive) direction.

For the logistic regression equation with the Sternberg Intimacy Scale ($b = -.329, p = .101$) and the continuous IOS ($b = -.003, p = .997$) as the predictors of the decision (where “Yes” = 1 and “No” = 2), neither emerged as a significant predictor of participants’ decision to disclose the relationship to friends.

Disclosure to work. Disclosure to work was regressed on the Sternberg Intimacy Scale ($\beta = .216, p < .05$) and the IOS ($\beta = .038, p = .708$). The Sternberg Intimacy Scale predicted disclosure to work, in the predicted (positive) direction.

For the logistic regression equation with the Sternberg Intimacy Scale ($b = -.454, p < .005$) and the continuous IOS ($b = .005, p = .117$) as the predictors of the decision (where “Yes” = 1 and “No” = 2), only the Sternberg Intimacy Scale emerged as a significant predictor of participants’ decision to disclose the relationship to coworkers, and in the predicted direction.

Disclosure to society. Disclosure to society was regressed on the Sternberg Intimacy Scale ($\beta = .216, p < .05$) and the IOS ($\beta = .038, p = .708$). The Sternberg Intimacy Scale predicted disclosure to society, in the predicted (positive) direction.

For the logistic regression equation with the Sternberg Intimacy Scale ($b = -.324, p < .05$) and the continuous IOS ($b = -.001, p = .803$) as the predictors of the decision (where “Yes” = 1 and “No” = 2), only the Sternberg Intimacy Scale emerged as a significant predictor of participants’ decision to disclose the relationship to society in general, and in the predicted direction.

In sum, I predicted that centrality of the stigmatized other to the self (i.e., relationship closeness) would predict disclosure of associative stigma. Consistent with this prediction, the Sternberg Intimacy Scale was positively associated with all disclosure in all four social domains.

This is not to say that the continuous IOS did not predict disclosure at all. I calculated Pearson correlation coefficients showing that participant responses to the continuous IOS were significantly, positively correlated with disclosure to family ($r = .261, p < .005$), friends ($r = .275, p < .001$), work ($r = .168, p < .05$), and society in general ($r = .314, p < .001$), and was of course also positively correlated with the Sternberg scale itself ($r = .600, p < .001$). The inability of the continuous IOS to uniquely predict disclosure when included in these regressions is more an indication of the superior ability of the Sternberg scale, as the more straightforward measure of closeness, to tap this construct more directly.

As with my analyses of stigma characteristics and environmental factors, I again examined participants who generated a friend or family member to explore how these findings may differ when disclosure is within- or between-domain.

For participants who generated a family member as the target, neither the IOS ($\beta = .104, p = .702$) nor the Sternberg Intimacy Scale ($\beta = .336, p = .226$) predicted disclosure to family members. Likewise, neither the IOS ($\beta = -.080, p = .786$) nor the Sternberg Intimacy Scale ($\beta = .118, p = .689$) predicted disclosure to family members. This failure of the Sternberg to be predictive, where it did predict disclosure in my earlier analyses, may be due to the reduced sample size here.

For participants who generated a friend as the target, the IOS ($\beta = -.153, p = .149$) still did not predict disclosure to friends while the Sternberg Intimacy Scale ($\beta = .640, p < .001$) still predicted disclosure to friends. Likewise, the IOS ($\beta = -.007, p = .950$) still did not predict disclosure to family while the Sternberg Intimacy Scale ($\beta = .459, p < .001$) still predicted disclosure to friends. This power of the Sternberg as a predictor, even across social domains, may indicate the power of closeness as a motivating influence in making disclosure decisions, as well as its internality to the participant. (The other predictors of disclosure—stigma characteristics and environmental factors—are more social, which may bear on why they did not predict cross-domain disclosure as well as they did within-domain disclosure.

Discussion

Despite the prevalence of null findings in these analyses, I did find some support for my hypotheses that stigma characteristics, environmental factors, and relationship closeness would predict disclosure of associative stigma.

Hypotheses 1a and 1b: Stigma characteristics

I predicted that relationship harmfulness and the controllability of the relationship's formation and continuation would predict disclosure of associative stigma. For all four social domains, harmfulness predicted disclosure of associative stigma, and in the predicted (negative) direction. What is true of primary stigma (that the apparent harmfulness of the trait predicts people's likelihood of disclosing it (Ragins, 2008) is observed here to be true of its cousin associative stigma.

Of the other stigma characteristics examined here, only control over the formation of the relationship also predicted disclosure of associative stigma. However, this relationship was only found to be present in the social domains of friends and

society in general (not family and coworkers) and, problematically, was in the direction opposite that which I predicted—as control over the formation of the relationship increased, disclosure over the relationship also increased. In other words, as the participants' responsibility for the stigma increased, they became more (not less) willing to disclose the existence of the stigma, even though their responsibility for the associative stigma's existence should theoretically have made the marked relationship even more stigmatizing.

Hypothesis 1c: Moderation by stigma concealability

I predicted that the concealability of the associative stigma would moderate the relationship between the stigma characteristics and disclosure of the associative stigma.

Such an interaction was only found for one stigma characteristic (harmfulness) and only for a single social domain (society in general), and—most problematically—the discovered interaction was opposite that which I had predicted: As concealability increased, the relationship between harmfulness and disclosure became weaker instead of stronger. In other words, as participants' ability to conceal the marked relationship increased, their likelihood of concealing the relationship was less strongly related to the harmfulness of the marked relationship. This finding runs counter to the more intuitive expectation that, as participants' freedom to conceal a relationship decreases, we'd see a weaker relationship between harmfulness and disclosure—as participants' ability to conceal the harmful relationship decreases, the relationship of harmfulness to actual disclosure should decrease instead of increase, contrary to what is observed here. This confusing finding is difficult to explain and awaits replication.

Hypotheses 2a, 2b, and 2c: External factors

I predicted that the external factors of supportive allies, similar others, and institutional support would predict disclosure of associative stigma. Within each social domain, every environmental factor was (positively) correlated with disclosure to members of that social domain (refer to Table 13 for the correlation coefficients). However, when these external factors were used as simultaneous predictors in a regression equation, only a few emerged as unique predictors of disclosure: Similar others (people also associated with the stigma, either directly or indirectly) predicted disclosure to family, friends, and workmates, institutional support predicted disclosure to family and workmates, and the presence of allies predicted disclosure to friends and society in general.

Institutional support was uniquely predictive of disclosure in the social domains of family and work. Its predictiveness in these social domains may be due to characteristics particular to these two social domains that may not be as important in the other two social domains (friends and society in general). In the family domain, this institutional support may take the form of family values that either permit, or look askance at, non-heterosexual orientations. These family values may be handed down to children as moral lessons that may take several possible forms—for example, more tolerant parents may tell their children that “In this house, we don’t judge other people for being different” while less tolerant parents may teach their children that homosexuality is a sin and a crime. In the workplace, institutional support may take the form of business policies (such as equal-opportunity or non-harassment policies) that provide protection to non-heterosexuals. What is common to both these social domains

is that people are subject to authority figures (be they parents or bosses) who have the power to provide or withhold punishments for those who violate their rules.

Also prevalent in these findings is the importance of similar others, others also associated with the stigma, which predicted disclosure in the social domains of family, friends, and the workplace, a finding unsurprising but still notable. Indeed, across all domains, this seemed the most powerful predictor of disclosure. The presence of similar others may be the clearest invitation to disclosure, since such people may be the least likely to respond negatively.

Hypothesis 3a: Relationship closeness

I predicted that centrality of the stigmatized other to the self (i.e., relationship closeness) would predict disclosure of associative stigma. Consistent with this prediction, the Sternberg Intimacy Scale was positively associated with all disclosure in all four social domains. My other measure of closeness (the continuous IOS) was not uniquely predictive of disclosure in these domains when included in a simultaneous regression equation alongside the Sternberg Intimacy Scale.

Conclusions

In summary, stigma characteristics, environmental factors, and relationship closeness did predict disclosure of associative stigma. Of the stigma characteristics examined, the harmfulness of the marked relationship was predictive of disclosure, as was the participant's control over the formation of the relationship (though relationship formation was positively associated with stigma disclosure, and this counter-hypothesized relationship may be due to the non-heterosexual's "virtues" acting as a third variable). Of the environmental factors examined, the presence of allies, similar others, and institutional support were all three predictive of disclosure, with some

variation according to the social domain being examined. Relationship closeness (as measured by the Sternberg Intimacy Scale) also predicted disclosure of associative stigma.

This study was naturally limited by its correlational nature, which does not lend itself to strong causal conclusions. The next study took an experimental approach to the association between relationship closeness and disclosure of associative stigma, by using a closeness manipulation to determine the effect of relationship closeness on relationship disclosure.

Study 2

Another major focus of this dissertation, besides articulating a more general model of associative stigma disclosure (with stigma characteristics, environmental factors, and internal psychological processes predicting disclosure), was a deeper exploration of how those internal psychological factors influence disclosure of associative stigma. I argue that the more central a relationship is to a person's self (i.e., the closer the relationship), the more motivated they will be to disclose that relationship in order to satisfy the need for self-verification (Hypothesis 3a). Instances where people misconstrue a central relationship as being distant should most strongly undermine people's need for self verification, and so disclosure should be highest in these situations (Hypothesis 3b).

To test these predictions experimentally (the goal of study 2), it was necessary to artificially manipulate closeness with a stigmatized person in the laboratory, and then to manipulate whether an audience had misperceived the actual closeness level of the relationship.

To manipulate closeness, study 2 used an experimental procedure, adapted and modified from the Relationship Closeness Induction Task developed by Sedikides, Campbell, Reeder, and Elliot (1998, 2002) in order to temporarily manipulate participants' felt closeness to a confederate posing as a (homosexual) participant. Study 2 also attempted to manipulate participants' need for self-verification by manipulating, via bogus feedback, whether the researcher had misperceived the closeness of the participant to the homosexual target. Participants were given a chance to self-verify by "correcting" this bogus feedback. I used the participants' correcting behavior as a measure of disclosure. I expected that stronger self-verification threats would lead participants to correct more in the case of erroneous bogus feedback, with this degree of correction as the study's measure of disclosure.

Method

Participants

Participants were 85 heterosexual undergraduate students at a large, southeastern public university who participated in psychological research in partial satisfaction of a course requirement. These comprised 46 females and 39 males, with a mean age of 18.44 years ($SD = .763$). According to self-report, 44 of these were Caucasian, 18 were Hispanic, 14 were African American, 8 were Asian-American, and none identified themselves as other. (Participants were allowed to claim multiple ethnicities.)

Procedure and measures

As before, participants arrived for a study on "social perception". After the participant gave their informed consent, the researcher running the study said the following: "Thank you. Let me explain a bit about what this study involves. In a few

minutes, you and another participant will engage in a short interaction task. Before you begin, however, we'd like you and the other participant to learn a bit about each other by filling out this form.”

Introduction to confederate. The researcher then handed the participant a blank demographics form (Appendix J) and asked the participant to respond to the items on it. This form asked about the participant’s age, college major, gender, sexual orientation, religion, and race/ethnicity. After the participant provided this information, the researcher left with the demographics form, then returned with another demographics form filled out by the other participant (actually the confederate, and gender-matched to the participant) waiting in another room.

The researcher gave the participant time to examine the demographics form. The confederate’s demographic form was filled out as follows: Age, 20; Major, Psychology; Sexual Orientation, Gay; and Religion, Christian. The confederate was instructed to respond with his or her own actual gender and ethnicity to the appropriate demographic items. After the participant was finished examining the confederate’s demographics form, the researcher escorted both the participant and the confederate into another, larger room and sat them in chairs opposite each other, approximately five feet apart, so that they were facing each other. This larger room contained a camera mounted on a tripod, facing toward the participant and the confederate. The participant’s felt closeness toward the confederate was then manipulated.

Conversation task. The researcher then said the following to the participant and the confederate: “Thank you for helping us with our study today. Your participation is greatly appreciated and is very valuable to our research. Today, you will participate in a

study on social perception and social interaction, and how we communicate information about ourselves to other people we are interacting with and who are observing us. As part of today's study, the two of you will interact with each other in a short communication task taking less than ten minutes. After the communication task is concluded, you will not see each other in this lab again. You both will now receive three identical lists of questions.”

The researcher then handed them each a copy of a question sheet, which contained either very superficial (Appendix K) or increasingly personal (Appendix L) questions, and instructed them as follows:

“These three lists of questions will be on three separate pages. We would like you to engage in as natural a conversation as possible using these questions. An easy way to do this would be to take turns asking and answering these questions. In other words, one participant should ask the other participant the first question on the list. The other participant should answer and then ask the same question to the first partner. You should continue in this way down the list, taking turns asking the questions.”

The researcher then indicated the actual participant and said, “You'll ask the first question on the list, and then you'll take turns asking each other each question on the list. You'll continue taking turns asking and answering questions in this way.”

Addressing both participants, the researcher continued, “There is a time limit on each of the three lists of questions. You should try to finish all the questions within that time limit. You may spend 1 minute on the first list of question, 3 minutes on the second list, and 5 minutes on the third list of questions. I will keep time and tell you when to go

on to the next list of questions. When this occurs, finish the question you are on and then go on to the next list.

“Remember: You do not have to answer any questions you don't wish to answer. If your partner asks you a question that makes you feel uncomfortable, or that you do not wish to answer for any reason, simply say that you'd rather not answer it.

“I will now leave the room so that you can begin the question task. However, while I am in the other room, I will be using this camera to watch your interaction. The camera is not recording anything. We will not be keeping any video footage or audio recording of your interaction. We're simply using the camera so that I can watch your interaction from the other room. Thank you. Once I leave this room, you may begin the conversation task.”

The researcher then left the room and kept time in another part of the laboratory. After one minute elapsed, the researcher returned, instructed the participants to finish the current question and move on to the next page of questions, then left them alone again. After another three minutes, the researcher instructed them to move on to the third page of questions in a like manner. After another five minutes, the researcher returned and ended the conversation task.

Relationship closeness manipulation. The participant and confederate were handed one of two different versions of the question list, depending on the study condition. In the *low closeness* condition, they were handed the list of very superficial questions. In the *high closeness* condition, the questions escalated in their intimacy, prompting the participant and confederate to disclose increasingly intimate information to each other.

This procedure is a modification of Sedikides and colleagues' (1998, 2002) Relationship Closeness Induction Task. The original RCIT is used to induce closeness between two strangers (both of them actual participants) by answering a series of increasingly intimate questions, which require gradually greater self-disclosure. As in my version, the RCIT questions are on three different lists, with participants spending 1 minute, 3 minutes, and 5 minutes on each successive list.

The closeness manipulation used in the present study differs from the RCIT in two important respects: First, it includes the addition of a low-closeness version that contains only superficial questions. These superficial questions are borrowed from a similar (but inconveniently longer) relationship closeness manipulation developed by Aron, Melinat, Aron, Vallone, and Bator (1997). The escalating-intimacy questions used in the present study are the same as those in Sedikides and colleagues' original RCIT (1998, 2002).

The second major difference is the use of a confederate instead of a second participant. To increase experimental control, the confederates' responses to the conversation questions were prescribed and memorized by the confederates. The scripted responses to the high-closeness questions are presented in Appendix M, and the scripted responses to the low-closeness questions are in Appendix N.

False feedback manipulation. Subsequent to the conversation task, the participant and the confederate were separated from each other and returned to the rooms they began in. The participant then responded to an automated survey administered by a computer.

The survey instructions began as follows: “During your communication task with the other participant, the researcher (or research assistant) running the study observed your interaction and, based on your interaction, made a guess about how close the two of you appeared to be. Below, you should see an image that represents how close the researcher believes you are to the other participant. The green "self" circle represents you, and the gray "other" circle represents the other participant.”

Participants then observed a completed version of the continuous IOS, where the degree of overlap between the “self” and “other” circles had already been manipulated (ostensibly by the researcher). In the high-closeness feedback condition, the circles were in a position equal to a closeness value of 50 (to indicate that the researcher believed that the participant and confederate were close to each other, Appendix O). In the low-closeness feedback condition, the circles were in a position equal to a closeness value of 5 (to indicate that the researcher believed that the participant and confederate were not close to each other, Appendix P).

Continuous IOS. On the next screen, participants were presented with these directions: “What we would like you to do now is use the diagram below to describe how close you actually feel to the other participant. Use the mouse to slide the green "self" circle left or right, until it is in a position that best represents your association with this person.” Participants were then allowed to reposition the “self” circle as they pleased. As in study 1, the final resting place of the circle was translated into a value between -200 and +100, with -200 representing maximum distance and +100 representing maximum closeness. Besides measuring the final resting position, the continuous IOS also allowed me to calculate as a dependent variable the degree and direction of

adjustment the participant made to the scale, by taking the difference between the initial and final position.

Researcher-relevant measures. On the notion that the participants' attitudes toward the researcher might moderate their other responses, I had participants respond to several items relevant to the researcher who ran the study. Two dealt with the false feedback they initially observed (“How accurate was the researcher's guess about your closeness to the other participant?” and “How important is it to you that the researcher's guess is accurate?” with seven-point Likert-type response scales anchored between “Not at all” and “Very much”).

Participant demographics. Participants then responded to items assessing their gender, age, ethnicity, religion, and sexual orientation, political affiliation, and college major (as in Appendix B). As in study 1, sexual orientation was assessed with the following options: *Exclusively heterosexual (only attracted to opposite sex)*, *Mostly heterosexual (mostly attracted to opposite sex, some attraction to same sex)*, *Bisexual (attracted to both sexes)*, *Mostly homosexual (mostly attracted to same sex, some attraction to opposite sex)*, or *Exclusively homosexual (only attracted to same sex)*. Only the data of those participants identifying as exclusively or mostly heterosexual were analyzed.

Target demographics. Participants then read the following: “During your conversation task today, you had the opportunity to learn information about your conversation partner. We are interested in knowing how much information you learned about your partner during the interaction task. Please answer the following questions

about your conversation partner to the best of your ability. If you're not sure what the correct answer is, PLEASE ANSWER BY GIVING YOUR BEST GUESS.”

Participants then viewed a number of demographic items identical to those they had just answered regarding themselves, only now in reference to the confederate they had just interacted with. The important item here was the one eliciting their guess of the confederate’s sexual orientation. Only the data of those participants identifying the confederate as bisexual, mostly homosexual, or exclusively homosexual were analyzed.

Closeness items. Four items, also taken from Sedikides and colleagues (1998, 2002), asked participants about how close they felt to the confederate, $\alpha = .919$ (Appendix Q).

Additional measures. Subsequent to these measures, participants responded to the measures of the various environmental factors: relationship harmfulness ($\alpha = .618$) and control over relationship formation ($\alpha = .761$)⁷; known similar others among family ($\alpha = .439$), friends ($\alpha = .669$), coworkers ($\alpha = .734$), and society in general ($\alpha = .770$); time around similar others among family ($\alpha = .365$), friends ($\alpha = .724$), coworkers ($\alpha = .736$), and society in general ($\alpha = .738$); supportive allies among family ($\alpha = .910$), friends ($\alpha = .981$), coworkers ($\alpha = .972$), and society in general ($\alpha = .958$); institutional support among family ($\alpha = .879$), friends ($\alpha = .953$), coworkers ($\alpha = .927$), and society in general ($\alpha = .800$); and attitudes toward lesbians ($\alpha = .727$) as well as attitudes toward gays ($\alpha = .657$).

⁷ Due to the unusual nature of this laboratory-created relationship, I did not deem it appropriate to measure participants’ perceived control over the continuation of the relationship.

These measures were identical to those used in study 1. Though these measures were not directly relevant to any of study 2's hypotheses, they were included to offer me the opportunity for additional, exploratory analyses.

Debriefing. After finishing the computer-administered questionnaire, the participants were debriefed by the researcher, fully informed of the study's true nature, and awarded their credit.

Results

Data reduction

Participants' responses to the continuous IOS provide two data of interest. First, the final resting position of the "self" circle, relative to the "other" circle, provides a measure of closeness.

Second, the final resting position of the "self" circle, relative to its start position, indicates the degree and direction of the participants' change to its position. The start position depended on the feedback condition the participant was in, with a starting value of 50 in the high-closeness feedback condition and a starting value of 5 in the low-closeness feedback condition. The change score was calculated by subtracting the starting value from the final value, so that movement toward the confederate is represented by a positive value.

I checked to see if the identities of the seven confederate (3 females, 4 males) had any effect on these dependent variables by conducting a one-way ANOVA for both the finishing position and the change score with the confederates as the independent variable, and found no effects due to confederate identity for either the finishing position, $F(6, 71) = 1.366, p = .240$, or the change score, $F(6, 71) = .651, p = .689$.

Test of hypothesis 3a: Relationship closeness

I predicted that greater closeness would lead to greater disclosure of associative stigma. To test this prediction, I conducted a 2 × 2 between-subjects ANOVA with closeness and false feedback as the independent variables predicting closeness as measured by the IOS. Analysis revealed a marginal main effect of the closeness manipulation, $F(1, 80) = 3.110$, $p = .082$, $\eta^2 = .037$, such that participants in the high closeness condition reported greater closeness to the confederate ($M = 38.72$, $SD = 26.49$) than did participants in the low closeness condition ($M = 24.60$, $SD = 51.78$). This result demonstrates, simply, that the manipulation of closeness (via the conversation task) did have an effect on participant's felt closeness toward the confederate.

This ANOVA also revealed a main effect of the false feedback manipulation, $F(1, 80) = 12.313$, $p < .005$, $\eta^2 = .133$, such that participants in the low closeness feedback condition reported less felt closeness toward the confederate ($M = 15.17$, $SD = 33.40$) than did participants in the high-closeness feedback condition ($M = 45.21$, $SD = 44.57$). This unsurprising finding can be simply explained as an anchoring-and-adjustment effect, wherein the starting position of the IOS anchored participants' appraisals of their own feelings toward the confederate.

This analysis revealed no interaction between the two, $F(1, 80) = .131$, $p = .718$, $\eta^2 = .002$. See Table 21 for a full display of means.

Test of hypothesis 3b: Feedback accuracy

My riskier prediction was that participants' closeness to the confederate would interact with the accuracy of the false feedback in such a way as to motivate the

participants to correct (when necessary) the researcher's evaluations of their closeness to the confederate.

Accurate feedback is defined here as existing when the participant's closeness condition corresponds to the false feedback condition (i.e., when closeness and false feedback are both low or both high). Inaccurate feedback exists, therefore, when the closeness and false feedback conditions are mismatched (i.e., when closeness is high and false feedback is low, or vice-versa).

The dependent variable here is degree of correction: the extent to which the participant modifies the researcher's feedback. This was calculated as the absolute value of the difference between the starting position and the final position of the continuous IOS.

I predicted that closeness and accuracy would interact such that participants would engage in more correction when closeness was high and accuracy was low. To test this, I conducted a 2×2 between-subjects ANOVA with closeness and accuracy as the independent variables and degree of correction as the dependent variable. Unfortunately, there was no main effect of closeness, $F(1, 80) = .859, p = .357, \eta^2 = .011$, or accuracy, $F(1, 80) = .611, p = .437, \eta^2 = .000$. Nor (of particular relevance to this hypothesis) was there a significant interaction between the two, $F(1, 80) = .004, p = .950, \eta^2 = .008$. See Table 22 for a full display of means.

Ancillary analyses

Although the central hypothesis behind study 2 was not supported by its findings, this study's design did afford me the opportunity to test this preliminary model in ways the prior study could not. The use of a closeness manipulation allowed me to examine, with greater confidence, causal relationships within the model, specifically how

closeness may influence the other factors. To explore these relationships, I conducted a series of t-tests with closeness as the independent variable and the various environmental factors (similar others, supportive allies, and institutional support, for the domains of friends, family, coworkers, and society in general) and stigma characteristics (harmfulness and control over formation) as the dependent variables.

These analyses revealed the following effects of closeness: First, an effect on known similar friends, $t(83) = 2.067, p < .05$, such that high closeness participants ($M = 4.33, SD = 1.54$) reported more similar others than did low closeness participants ($M = 3.68, SD = 1.37$); an effect on known similar others among society in general, $t(83) = 2.168, p < .05$, such that high closeness participants ($M = 4.77, SD = 1.54$) reported more similar others than did low closeness participants ($M = 4.06, SD = 1.48$), an effect on time spent around similar friends, $t(83) = 2.606, p < .05$, such that high closeness participants ($M = 4.59, SD = 1.59$) reported more time spent around similar friends than did low closeness participants ($M = 3.75, SD = 1.40$); an effect on reported allies among friends, $t(83) = 2.870, p < .01$, such that high closeness participants ($M = 5.73, SD = 1.34$) reported more allies than low closeness participants ($M = 4.68, SD = 1.91$); an effect on allies among society in general, $t(83) = 2.498, p < .05$, such that high closeness participants ($M = 5.45, SD = 1.23$) reported more allies than low closeness participants ($M = 4.61, SD = 1.75$); an effect on institutional support among friends, $t(83) = 2.389, p < .05$, such that high closeness participants ($M = 5.36, SD = 1.31$) reported more support than did low closeness participants ($M = 4.50, SD = 1.89$); and an effect on reported harmfulness of the relationship, $t(83) = -2.189, p < .05$, such that high

closeness participants ($M = 2.79$, $SD = .809$) reported lower harmfulness than did low closeness participants ($M = 3.20$, $SD = .888$).

We certainly cannot claim that this laboratory manipulation of closeness is actually altering the reality of the participant's social environment, or the harmfulness of the relationship. It is rather the case that this manipulation affected participants' perceptions of these variables. This is an obvious, but encouraging conclusion to draw: If participants come to see the world as safer for disclosure of stigma, their consequent disclosure may shape the world to fit their perceptions, thereby encouraging further disclosures and improving social acceptance of the stigmatized. Such a process would make possible the virtuous spiral described by Bowen and Blackmon (2003), in which more disclosures create greater acceptance, which in turn encourage further disclosure.

We also need not conclude that this relationship of closeness to these other antecedents moves in only one direction. Though these data do not allow us to confirm it, it is possible (even likely) that these different antecedents of disclosure influence each other bidirectionally.

Discussion

Though the closeness manipulation did induce greater felt closeness in the participant toward the confederate, closeness did not interact with feedback accuracy, and so did not confirm my final hypothesis.

I reasoned from Aron and Aron (1986, 1996) that greater closeness between people involves self-other overlap, in which the other is incorporated into the self-concept, and the person's knowledge, of and information about, the close other is mapped into the person's own self-concept—the closer the relationship, the more centrally the "other" is mapped into the "self". I then reasoned that inaccurate

perceptions of the relationship (such as I tried to provide here via the researcher's false feedback) would create a self-verification threat (Swann, 1983, 1987), motivating participants to correct the error in the researcher's perceptions through their response to the continuous IOS.

Upon reflection, I still think the theoretical bases of my predictions are sound, which leaves me to question my method for testing them. I can identify a number of potential shortcomings of this study design.

First, my closeness manipulation, while netting a (marginal) effect, may have been too slight to yield the sort of differences in closeness necessary for an interaction with feedback accuracy to present itself. The actual difference between the two means for the two closeness conditions was only a value of 14.12, and this on a scale ranging from -200 to +100. It is possible that the detection of this slight difference was only made possible by the fine sensitivity of the continuous IOS, and less exacting scales would be much harder-pressed to detect this difference at all—although the dependent variable from the four closeness items that participants responded to after the interaction task (which correlated with the closeness variable from the continuous IOS, $r = .621$, $p < .001$) also detected a marginal effect of the closeness manipulation on participants' felt closeness toward the confederate, $t(83) = -1.710$, $p = .091$, $d = .356$ (low closeness condition, $M = 3.853$, $SD = .193$; high closeness condition, $M = 4.31$, $SD = 1.11$).

Second, my manipulation of feedback accuracy may not have been powerful enough to elicit the desired self-verification threat which would have motivated any correction by the participants. Indeed, participants seem to have not recognized that

any correction need be made at all, as evidenced by the lack of a main effect of accuracy on participants' correction of the feedback. The weakness of the manipulation is corroborated by the lack of an effect of the accuracy manipulation on participants' responses to the feedback check item ("How accurate was the researcher's guess about your closeness to the other participant?"), $t = 1.25$, $p = .213$, $d = .275$ (low closeness condition, $M = 4.72$, $SD = 1.72$; high closeness condition, $M = 4.28$, $SD = 1.49$). The weakness of the manipulation may have been due to the general unfamiliarity of the continuous IOS, which, though a face-valid measure (Aron, Aron, and Smollan, 1992) is still unusual and may have proven difficult for participants' to interpret.

Third, I assumed that the need for self-verification would motivate participants to correct the researcher's perceptions of their relationship with the confederate. Perhaps participants trusted the researcher's evaluation of the relationship (who may appear, in the participant's eyes, to be both an authority figure and an expert in these matters) over their own judgment concerning their relationship with the confederate. If participants had been asked to correct the impressions of someone less expert (such as another participant), perhaps they might have been more willing to do so.

A future version of this study, therefore, would do well to test these same hypotheses under conditions with the following modifications:

First, a future study would employ a stronger manipulation of closeness, perhaps using real-world relationships rather than a temporary closeness-induction created in a laboratory.

Second, it would likewise employ a stronger manipulation of feedback accuracy, using less ambiguous stimuli—perhaps a short essay describing in verbal terms how close, or distant, the participant appears to be with the target. Or, for something still using the continuous IOS, participants could have first been exposed to an image of the IOS with the circles resting at some intermediate point between where they saw them in this study’s bogus feedback, in order to provide them with an anchor and a point of comparison.

Third, though it would make an already complicated study even more complex, another participant (also a confederate) could be the one to provide the false feedback to the participant, so the participant would not be motivated to agree with the researcher’s expertise.

And, fourth, a future study should recruit a larger sample size than the 85 subjects used in the present study, to provide greater power.

Table 2-1. Study 1 target demographics

	All participants	Female participants	Male participants
Total	173	93	80
Target gender			
Female	52 (30.1%)	27 (29%)	25 (31.3%)
Male	121 (69.9%)	66 (71%)	55 (68.8%)
Target orientation			
Exclusively homosexual	96 (55.5%)	56 (60.2%)	40 (50.0%)
Mostly homosexual	40 (23.1%)	18 (19.4%)	22 (27.5%)
Bisexual	37 (17.9%)	19 (20.4%)	18 (22.5%)
Relation to participant			
Friend	102 (59.0%)	59 (63.4%)	43 (53.8%)
Classmate	31 (17.9%)	9 (9.7%)	12 (15.0%)
Family member	21 (12.1%)	15 (16.1%)	16 (20.0%)
Coworker	7 (.4%)	4 (4.3%)	3 (3.8%)
Other	12 (6.9%)	6 (6.5%)	6 (7.5%)

Table 2-2. Study 1 correlations between stigma characteristics and disclosure

	1	2	3	4
1. Harmfulness	---			
2. Formation	-.104	---		
3. Continuation	-.080	.447**	---	
4. Concealability	.182*	-.177*	.006	---
Disclosure to				
Family	-.341**	.036	.022	-.294**
Friends	-.318**	.268**	.099	-.329**
Coworkers	-.277	.165*	.110	-.181*
Society in general	-.438	.240**	.131	-.262**

* $p < .05$, ** $p < .01$

Table 2-3. Study 1 simultaneous regressions of disclosure onto stigma characteristics

Disclosure domain (R^2)	<i>B</i>	SE(<i>B</i>)	β	<i>t</i>	<i>p</i>
Simultaneous predictors					
Family (.341)					
Harmfulness	-.578	.123	-.341	-4.692	<.001
Control over formation	.004	.099	.003	.043	.966
Control over continuation	-.011	.128	-.007	-.088	.930
Friends (.158)					
Harmfulness	-.431	.104	-.295	-4.153	<.001
Control over formation	.269	.084	.254	3.214	.002
Control over continuation	-.052	.108	-.038	-.478	.633
Coworkers (.097)					
Harmfulness	-.444	.133	-.262	-3.330	.001
Control over formation	.152	.108	.124	1.402	.163
Control over continuation	.054	.135	.035	.402	.689
Society in general (.230)					
Harmfulness	-.696	.114	-.417	-6.093	<.001
Control over formation	.234	.093	.194	2.522	.013
Control over continuation	.013	.120	.008	.108	.914

Table 2-4. Study 1 logistic regressions of (dichotomous) disclosure onto stigma characteristics

Disclosure domain (Nagelkerke R^2)	<i>B</i>	SE(<i>B</i>)	Wald	<i>p</i>	Odds ratio
Simultaneous predictors					
Family (.114)					
Harmfulness	.585	.170	11.813	.001	1.794
Control over formation	-.062	.145	.185	.667	.940
Control over continuation	.068	.181	.143	.706	1.071
Friends (.082)					
Harmfulness	.219	.221	.974	.324	1.244
Control over formation	-.126	.206	.373	.541	.882
Control over continuation	-.353	.240	2.158	.142	.703
Coworkers (.088)					
Harmfulness	.451	.179	6.359	.012	1.570
Control over formation	-.193	.132	2.162	.141	.824
Control over continuation	.060	.164	.134	.715	1.062
Society in general (.103)					
Harmfulness	.529	.166	10.198	.001	1.697
Control over formation	-.095	.130	.528	.467	.910
Control over continuation	-.011	.164	.004	.948	.989

Note. For the dichotomous decision variable assessing whether participants disclosed the relationship to the social domain, 1 = Yes and 2 = No.

Table 2-5. Study 1 Mean perceived relationship control by relationship type

	Family members	Friends	Coworkers	Classmates
Perceived control over relationship formation	3.07 (1.64)a	5.39 (.968) abc	3.64 (2.09)b	4.02 (1.32)c
Perceived control over relationship continuation	4.92 (.960)a	5.83 (.782)ab	5.07 (1.91)	5.02 (1.59)b

Note. Parenthetical values are standard deviations. Significantly different cells within a row share a subscript.

Table 2-6. Study 1 moderation of stigma characteristics by stigma concealability for disclosure to family

Simultaneous predictors (R^2)	<i>B</i>	SE(<i>B</i>)	β	<i>t</i>	<i>p</i>
Harmfulness	-.497	.124	-.293	-4.014	<.001
Concealability	-.272	.082	-.243	-3.333	.001
Harmfulness x concealability (.171)	-.017	.076	-.016	-.224	.823
Formation	-.022	.092	-.018	-.242	.809
Concealability	-.333	.084	-.298	-3.967	<.001
Formation x concealability (.087)	.011	.052	.016	.212	.832
Continuation	-.032	.130	-.020	-.249	.804
Concealability	-.343	.083	-.307	-4.127	<.001
Continuation x concealability (.094)	.100	.087	.094	1.154	.250

Table 2-7. Study 1 moderation of stigma characteristics by stigma concealability for disclosure to friends

Simultaneous predictors (R^2)	<i>B</i>	SE(<i>B</i>)	β	<i>t</i>	<i>p</i>
Harmfulness	-.408	.106	-.279	-3.842	<.001
Concealability	-.258	.070	-.267	-3.684	<.001
Harmfulness x concealability (.180)	.061	.065	.068	.938	.350
Formation	.228	.076	.215	2.986	.003
Concealability	-.281	.070	-.291	-4.028	<.001
Formation x concealability (.153)	.000	.043	.000	-.003	.998
Continuation	.080	.110	.058	.724	.470
Concealability	-.330	.071	-.342	-4.684	<.001
Continuation x concealability (.124)	.083	.074	.091	1.124	.262

Table 2-8. Study 1 moderation of stigma characteristics by stigma concealability for disclosure to coworkers

Simultaneous predictors (R^2)	<i>B</i>	SE(<i>B</i>)	β	<i>t</i>	<i>p</i>
Harmfulness	-.470	.138	-.277	-3.412	.001
Concealability	-.118	.089	-.108	-1.332	.185
Harmfulness × concealability (.110)	.130	.081	.129	1.609	.110
Formation	.169	.103	.138	1.649	.101
Concealability	-.161	.091	-.146	-1.760	.081
Formation × concealability (.051)	-.032	.056	-.046	-.569	.570
Continuation	.147	.140	-.095	1.045	.298
Concealability	-.198	.090	-.181	-2.205	.029
Continuation × concealability (.045)	.028	.093	.028	.303	.763

Table 2-9. Study 1 moderation of stigma characteristics by stigma concealability for disclosure to society in general

Simultaneous predictors (R^2)	<i>B</i>	SE(<i>B</i>)	β	<i>t</i>	<i>p</i>
Harmfulness	-.756	.115	-.452	-6.560	<.001
Concealability	-.158	.077	-.142	-2.060	.041
Harmfulness x concealability (.275)	.232	.071	.226	3.286	.001
Formation	.242	.090	.201	2.689	.008
Concealability	-.256	.083	-.230	-3.076	.002
Formation x concealability (.109)	.017	.051	.025	.338	.736
Continuation	.163	.129	.104	1.267	.207
Concealability	-.301	.084	-.270	-3.602	<.001
Continuation x concealability (.090)	.071	.087	.067	.815	.416

Table 2-10. Study 1 correlations between environmental characteristics and disclosure within family

	1	2	3	4	5
1. Known allies	---				
2. Time around allies	.738**	---			
3. Known similar others	.405**	.368**	---		
4. Time around similar others	.353**	.357**	.653**	---	
5. Institutional support	.720**	.619**	.410**	.412**	---
6. Disclosure	.265**	.282**	.264**	.264**	.350**

* $p < .05$, ** $p < .01$

Table 2-11. Study 1 correlations between environmental characteristics and disclosure within friends

	1	2	3	4	5
1. Known allies	---				
2. Time around allies	.815**	---			
3. Known similar others	.586**	.505**	---		
4. Time around similar others	.586**	.563**	.823**	---	
5. Institutional support	.783**	.747**	.509**	.521**	---
6. Disclosure	.496**	.478**	.394**	.463**	.470**

* $p < .05$, ** $p < .01$

Table 2-12. Study 1 correlations between environmental characteristics and disclosure within coworkers

	1	2	3	4	5
1. Known allies	---				
2. Time around allies	.856**	---			
3. Known similar others	.604**	.565**	---		
4. Time around similar others	.625**	.658**	.875**	---	
5. Institutional support	.718**	.705**	.479**	.504**	---
6. Disclosure	.371**	.438**	.365**	.479**	.393**

* $p < .05$, ** $p < .01$

Table 2-13. Study 1 correlations between environmental characteristics and disclosure within society in general

	1	2	3	4	5
1. Known allies	---				
2. Time around allies	.831**	---			
3. Known similar others	.604**	.615**	---		
4. Time around similar others	.572**	.649**	.884**	---	
5. Institutional support	.428**	.375**	.393**	.376**	---
6. Disclosure	.353**	.389**	.253**	.370**	.184**

* $p < .05$, ** $p < .01$

Table 2-14. Study 1 simultaneous regressions of disclosure onto domain environmental factors

Disclosure domain (R^2) Simultaneous predictors	<i>B</i>	<i>SE(B)</i>	β	<i>t</i>	<i>p</i>
Family (.150)					
Known allies	-.079	.138	-.070	-.572	.568
Time around allies	.115	.119	.106	.971	.333
Known similar others	.140	.151	.091	.933	.352
Time around similar others	.100	.116	.083	.859	.392
Institutional support	.316	.129	.264	2.450	.015
Friends (.309)					
Known allies	.175	.136	.168	1.291	.199
Time around allies	.112	.125	.107	.897	.371
Known similar others	-.082	.136	-.071	-.602	.548
Time around similar others	.331	.137	.290	2.423	.016
Institutional support	.158	.120	.143	1.313	.191
Coworkers (.293)					
Known allies	-.111	.155	-.107	-.713	.477
Time around allies	.195	.157	.185	1.240	.217
Known similar others	-.242	.211	-.180	-1.144	.254
Time around similar others	.564	.201	.464	2.811	.006
Institutional support	.247	.119	.227	2.083	.039
Society in general (.220)					
Known allies	.196	.172	.149	1.142	.255
Time around allies	.204	.166	.165	1.227	.211
Known similar others	-.551	.186	-.469	-2.959	.004
Time around similar others	.717	.196	.591	3.652	<.001
Institutional support	.020	.118	.013	.170	.865

Table 2-15. Study 1 logistic regressions of (dichotomous) disclosure onto domain environmental factors

Disclosure domain (Nagelkerke R^2) Simultaneous predictors	<i>B</i>	SE(<i>B</i>)	Wald	<i>p</i>	Odds ratio
Family (.091)					
Known allies	.115	.197	.341	.559	1.122
Time around allies	-.206	.166	1.546	.214	.814
Known similar others	-.124	.254	.238	.626	.884
Time around similar others	-.068	.188	.130	.719	.934
Institutional support	-.226	.183	1.530	.216	.798
Friends (.199)					
Known allies	.015	.424	.001	.972	1.015
Time around allies	-.515	.408	1.592	.207	.597
Known similar others	.434	.516	.707	.401	1.543
Time around similar others	-.302	.473	.406	.524	.740
Institutional support	-.374	.324	1.331	.249	.688
Coworkers (.231)					
Known allies	.308	.238	1.671	.196	1.360
Time around allies	-.110	.231	.225	.635	.896
Known similar others	.508	.325	2.451	.117	1.663
Time around similar others	-1.043	.338	9.536	.002	.352
Institutional support	-.216	.171	1.589	.208	.806
Society in general (.201)					
Known allies	.126	.264	.228	.633	1.135
Time around allies	-.546	.260	4.415	.036	.580
Known similar others	.390	.263	2.202	.138	1.477
Time around similar others	-.507	.283	3.200	.074	.602
Institutional support	-.133	.175	.582	.446	.875

Note. For the dichotomous decision variable assessing whether participants disclosed the relationship to the social domain, 1 = Yes and 2 = No.

Table 2-16. Study 1 Cronbach's alphas for new environmental characteristic composites

	Allies	Similar others
Family	.902	.701
Friends	.926	.848
Coworkers	.952	.866
Society in general	.941	.891

Table 2-17. Study 1 simultaneous regressions of disclosure onto domain environmental factors after recalculating composites

Disclosure domain (R^2) Simultaneous predictors	<i>B</i>	SE(<i>B</i>)	β	<i>t</i>	<i>p</i>
Family (.159)					
Allies	.024	.124	.020	.195	.845
Similar others	.340	.132	.201	2.582	.011
Institutional support	.314	.121	.263	2.592	.010
Friends (.297)					
Allies	.297	.128	.271	2.330	.021
Similar others	.247	.099	.206	2.509	.013
Institutional support	.156	.120	.141	1.301	.195
Coworkers (.243)					
Allies	.081	.133	.072	.608	.544
Similar others	.333	.126	.250	2.639	.009
Institutional support	.273	.119	.246	2.290	.023
Society in general (.398)					
Allies	.412	.129	.310	3.198	.002
Similar others	.144	.117	.117	1.227	.222
Institutional support	.004	.121	.003	.037	.971

Table 2-18. Study 1 correlations between closeness and disclosure

	1	2
1. Sternberg	---	
2. IOS	.600**	---
Disclosure to		
Family	.501**	.261**
Friends	.470**	.275**
Coworkers	.248**	.168*
Society in general	.421**	.314**

* $p < .05$, ** $p < .01$

Table 2-19. Study 1 simultaneous regressions of disclosure onto measures of closeness

Disclosure domain (R^2) Simultaneous predictors	<i>B</i>	SE(<i>B</i>)	β	<i>t</i>	<i>p</i>
Family (.258)					
Sternberg	.580	.091	.544	6.394	<.001
IOS	-.002	.002	-.065	-.769	.443
Friends (.231)					
Sternberg	.457	.080	.492	5.684	<.001
IOS	.000	.002	-.020	-.236	.814
Coworkers (.058)					
Sternberg	.225	.107	.216	2.109	.037
IOS	.001	.003	.038	.375	.708
Society in general (.178)					
Sternberg	.370	.095	.353	3.905	<.001
IOS	.003	.002	.101	1.120	.265

Table 2-20. Study 1 logistic regressions of (dichotomous) disclosure onto measures of closeness

Disclosure domain (Nagelkerke R^2) Simultaneous predictors	<i>B</i>	SE(<i>B</i>)	Wald	<i>p</i>	Odds ratio
Family (.217)					
Sternberg	-.634	.159	15.938	<.001	.530
IOS	.002	.003	.283	.595	1.002
Friends (.096)					
Sternberg	-.329	.201	2.692	.101	.719
IOS	-.956	.004	.582	.446	.997
Coworkers (.112)					
Sternberg	-.454	.139	10.608	.001	.635
IOS	.005	.003	2.459	.117	1.005
Society in general (.097)					
Sternberg	-.324	.130	6.235	.013	.723
IOS	-.001	.003	.063	.803	.999

Note. For the dichotomous decision variable assessing whether participants disclosed the relationship to the social domain, 1 = Yes and 2 = No.

Table 2-21. Study 2 mean IOS values by condition

	Closeness		Total
	High closeness	Low closeness	
False feedback			
High closeness	55.26 (19.37)	36.77 (57.00)	45.21 (44.57)
Low closeness	21.59 (21.93)	9.40 (40.85)	15.17 (33.40)
Total	39.72 (26.49)	24.60 (51.78)	31.62 (42.43)

Note. Parenthetical values are standard deviations.

Table 2-22. Study 2 mean IOS corrections by condition

	Closeness		Total
	High closeness	Low closeness	
Feedback accuracy			
Accurate	16.50 (10.89)	23.76 (33.24)	20.04 (24.45)
Inaccurate	22.70 (16.22)	29.03 (50.53)	26.38 (39.69)
Total	19.36 (13.78)	26.69 (43.32)	23.28 (33.10)

Note. Parenthetical values are standard deviations.

CHAPTER 3 GENERAL DISCUSSION

This dissertation sought to take a model for stigma disclosure (developed by Ragins, 2008) and apply it to a different, but related behavior: the disclosure of associative stigma, the stigma of being associated with someone possessing a more traditional, “primary” stigma.

Ragins proposed three categories of antecedent for stigma disclosure: stigma characteristics, environmental factors, and internal psychological factors. I interpreted these antecedents in the context of disclosing associative stigma as follows:

For stigma characteristics, I predicted that characteristics of the marked relationship would influence the likelihood of disclosure by the associatively-stigmatized person, these characteristics being the harmfulness, controllability, and concealability of the relationship. For environmental factors, I predicted that the characteristics of the associatively-stigmatized person’s social environment would influence the likelihood of disclosure, with those environmental factors being the perceived presence of similar others, supportive allies, and institutional support. For internal psychological factors, I predicted that the incorporation of the primarily-stigmatized person into the associatively-stigmatized person’s self (i.e., the closeness of the relationship between the two) would predict disclosure of associative stigma.

Study 1 demonstrated the role that each of these factors played in the disclosure of associative stigma. Regarding stigma characteristics, the harmfulness of the relationship was especially predictive of disclosure, such that greater harmfulness was related to less disclosure. Initially puzzling was the positive relationship of the participant’s control over the relationship’s formation to the disclosure of the marked

relationship to others. The more control a participant had over the formation of the stigmatizing relationship, the more likely they are to let others know if it. This runs contrary to theories of stigma that hold that the more a person is responsible for their stigmatizing trait, the more they will be stigmatized for it (Weiner et al., 1988; Weiner, 1993). I offered one possible explanation for this discrepancy as due to the possession, by the stigmatized person, of some redeeming characteristic or “virtue”, which would not only motivate participants to form a relationship with the person, but would also motivate participants to disclose (or even brag of) this relationship to other people.

Regarding environmental characteristics, the multicollinearity between some of the proposed predictors created problems in the apparent relationship of these environmental factors to disclosure. Recalculation of these composites alleviated these problems and showed that, while all the social environmental factors predicted greater disclosure, a different pattern of prediction emerged for each of the four social domains when the factors were examined simultaneously.

Finally, relationship closeness did predict relationship disclosure, both in the first, purely correlational study, as well as in the second, experimental study, in which relationship closeness between the participant and a confederate (posing as a non-heterosexual fellow participant) was manipulated and subsequent disclosure of relationship closeness was disclosed. The secondary goal of study 2 (to examine the role that self-verification processes may play in this relationship) was not achieved. The lack of success here could perhaps be due to poor theoretical grounding, but, more likely, I think that a stronger experimental procedure could capture the predicted finding. A future study with a stronger manipulation of relationship closeness, as well as a more

clearly communicated manipulation of accuracy of the researcher's feedback, would, I think, capture the predicted interaction between the two in their effects on relationship disclosure.

Implications

Primarily, this dissertation has implications for understanding when, and why, people will disclose associative stigma. At first blush, this implication may be rather limited in its scope, but I am of the opinion that the experience of associative stigma is a universal human experience. At some point in their lives, all people find themselves in a situation where they must choose to either conceal or reveal a relationship with a marked person. Their decision in this situation has implications not only for the reactions that other people may have to them, but also, potentially, the health of their relationship with the marked person.

These findings may have implications for the possible design of interventions that can help people know when to disclose their associative stigma. The importance of institutional support, for example, has already been identified as playing a role in the disclosure of primary stigma (Ragins, 2004). We now have reason to suspect that associatively-stigmatized people are likely also benefitting from indicators that their social environment is an open and accepting one.

Other potential interventions may make differing social environments friendlier toward stigma disclosure. If different environmental factors encourage disclosure in different domains, then interventions may target those environmental factors specifically. For example, an intervention designed to encourage disclosure in the workplace may do so by emphasizing the presence of similar others and institutional

support, while an intervention encouraging disclosure on a larger social scale may emphasize the presence of supportive allies.

This dissertation also less directly bears on the topic of disclosure of primary stigma. Though Ragins' model originally deals with the disclosure of primary stigma, which was not directly examined by this dissertation, this dissertation may be construed as an indirect test of her model. These findings may apply roughly to the disclosure of primary stigma, though a more direct test would allow for greater conclusiveness on this point, as that topic is beyond this dissertation's scope.

Future Directions

Associative stigma is a triadic phenomenon, involving three people: the primarily-stigmatized person, the associatively-stigmatized person, and the observer (who perceives the associative stigma). Much research on associative stigma (and on primary stigma) has focused on the observer's role in the stigma process, particularly on the observer's perceptions. This focus exists despite the fact that the observer is likely the most passive member of the process—the primarily and associatively stigmatized persons must decide how to present their characteristics (and their relationship) to the observer, while the observer is generally a passive recipient of the signals that these two transmit to him or her.

In this dissertation, I have attempted to emphasize the role of (both of the) the stigmatized members of this triad, as well as the influence the stigmatization has on their own lives, and especially on their relationship with each other. My focus has particularly been on the role of the associatively stigmatized person in managing how the marked relationship appears to others, but I think all three roles are important and worthy of examination.

For example, what active role might the primarily stigmatized person play in this process? Friends engage in beneficial impression management on each other's behalf (Schlenker & Britt, 2004; Schlenker, Lifka, & Wowra, 2004). Might primarily stigmatized people conceal a relationship in order to spare a close other from being associatively stigmatized? For that matter, might the associatively stigmatized person play up a relationship, in order to perhaps "lift" the standing of the primarily-stigmatized friend in the eyes of an audience? As for the audience, how might an observer actively elicit certain self-presentations from the associatively-stigmatized person? For example, how does a supportive ally communicate to the parent of a gay child that he or she is gay-friendly (or has a gay child of his or her own), and therefore a safe person to disclose the marked relationship to?

Conclusions

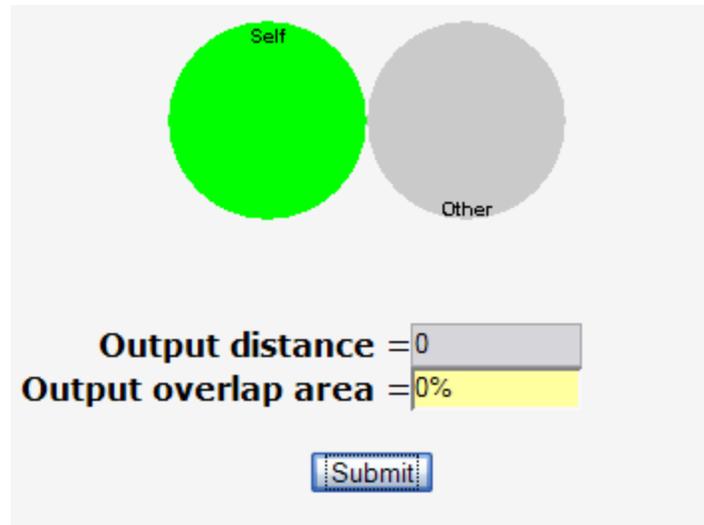
This dissertation found how several classes of antecedents—stigma characteristics, environmental factors, and internal psychological factors—may have predicted disclosure of associative stigma, and found specific evidence for how some specific factors (stigma characteristics like relationship harmfulness and controllability over the relationship's formation, environmental factors like similar others and institutional support, and relationship closeness) predict disclosure of associative stigma.

When nonstigmatized people form relationships with stigmatized people, they find themselves in a potentially perilous dilemma, fraught with the risk of hazard. The decision to disclose a stigmatized relationship may be met with the scorn of others, and the denial of valuable opportunities. On the other hand, concealing a stigmatized relationship may risk more than the alienation of a loved one: If people enhance their

sense of self by incorporating close others into their self-concepts, then socially distancing oneself from a close other—stigmatized or not—may have harmful consequences for the self-concept. This dissertation, I hope, shed some light on whether, when and why people ever make the risky but admirable choice to stand by their stigmatized friends and family members.

APPENDIX A
ILLUSTRATION OF CONTINUOUS IOS

Instructions: Please use the diagram below to describe your association with this person. Use your mouse to move the "self" figure so that it best represents your relationship with this person (the "other"). Then click "submit".



(Adapted from http://www.haverford.edu/psych/ble/continuous_ios/demo.html; Le & Moss, 2007)

APPENDIX B DEMOGRAPHIC ITEMS

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

How would you describe your sexual orientation?

- _____ Exclusively heterosexual (only attracted to opposite sex)
- _____ Mostly heterosexual (mostly attracted to opposite sex, some attraction to same sex)
- _____ Bisexual (attracted to both sexes)
- _____ Mostly homosexual (mostly attracted to same sex, some attraction to opposite sex)
- _____ Exclusively homosexual (only attracted to same sex)

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

APPENDIX C
RELATIONSHIP HARMFULNESS

Think about how your association with this person appears to other people (such as your friends or family), then answer the following questions by choosing the number that best represents your response:

Other people (such as friends and family) would consider my association with this person to be:

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

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

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

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

APPENDIX H
STERNBERG INTIMACY SCALE

Thinking about your association with this person, respond to each of the following statements by indicating how much agree or disagree with them.

I am actively supportive of this person's wellbeing.

1	2	3	4	5	6	7
Disagree						Agree

I have a warm relationship with this person.

1	2	3	4	5	6	7
Disagree						Agree

I am able to count on this person in times of need.

1	2	3	4	5	6	7
Disagree						Agree

This person is able to count on me in times of need.

1	2	3	4	5	6	7
Disagree						Agree

I am willing to share myself and my possessions with this person.

1	2	3	4	5	6	7
Disagree						Agree

I receive considerable emotional support from this person.

1	2	3	4	5	6	7
Disagree						Agree

I give considerable emotional support to this person.

1	2	3	4	5	6	7
Disagree						Agree

I communicate well with this person.

1	2	3	4	5	6	7
Disagree						Agree

I value this person greatly in my life.

1	2	3	4	5	6	7
Disagree						Agree

I feel close to this person.

1	2	3	4	5	6	7
Disagree						Agree

Attitudes Towards Gay Men (ATG)

- | | | | | | | | |
|---|---|---|---|---|---|---|-------|
| 1. Male homosexual couples should be allowed to adopt children the same as heterosexual couples.* | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Disagree | | | | | | | Agree |
| | | | | | | | |
| 2. I think male homosexuals are disgusting. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Disagree | | | | | | | Agree |
| | | | | | | | |
| 3. Male homosexuals should not be allowed to teach school. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Disagree | | | | | | | Agree |
| | | | | | | | |
| 4. Male homosexuality is a perversion. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Disagree | | | | | | | Agree |
| | | | | | | | |
| 5. Male homosexuality is a natural expression of sexuality in men.* | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Disagree | | | | | | | Agree |
| | | | | | | | |
| 6. If a man has homosexual feelings, he should do everything he can to overcome them. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Disagree | | | | | | | Agree |
| | | | | | | | |
| 7. I would not be too upset if I learned that my son were a homosexual.* | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Disagree | | | | | | | Agree |
| | | | | | | | |
| 8. Sex between two men is just plain wrong. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Disagree | | | | | | | Agree |
| | | | | | | | |
| 9. The idea of male homosexual marriages seems ridiculous to me. | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Disagree | | | | | | | Agree |
| | | | | | | | |
| 10. Male homosexuality is merely a different kind of lifestyle that should not be condemned.* | 1 | 2 | 3 | 4 | 5 | 6 | 7 |
| Disagree | | | | | | | Agree |

*Reverse-scored item

APPENDIX J
DEMOGRAPHICS FORM

Study #1459

Social Perception

Demographics questionnaire

Please answer the following questions honestly. You do not have to answer any questions you don't want to answer.

Age: _____

Major (if unknown, write "undecided"): _____

Gender (circle one): Female Male

Sexual orientation: Straight Bisexual Gay

Religion: _____

Race/ethnicity (circle one):

Asian

Black

Native American

White

Other (please specify): _____

RESEARCHER ONLY WRITE BELOW THIS LINE

Participant number: _____

RA initial/date: _____

APPENDIX K
SUPERFICIAL QUESTIONS

Study #1459 – 2 – 4
Social Perception
Conversation task questions

Please take turns asking each other the following questions. There is a time limit on each of the three lists of questions. You should try to finish all the questions within that time limit.

Remember: You do not have to answer any questions you don't wish to answer. If your partner asks you a question that makes you feel uncomfortable, or that you do not wish to answer for any reason, simply say that you'd rather not answer it.

List I (spend 1 minute on this set of questions)

1. What is your first name?
2. How old are you?
3. Where are you from?
4. What year are you at the University of Florida?
5. What do you think you might major in? Why?
6. What made you come to the University of Florida?
7. What is your favorite class at the University of Florida? Why?

[If you have reached the end of this list of questions before the 1 minute is up, please crack the door open so the researcher knows that you have finished.]

List II (spend 3 minutes on this set of questions)

1. When was the last time you walked for more than an hour? Describe where you went and what you saw.
2. What was the best gift you ever received and why?
3. If you had to move from Florida where would you go, and what would you miss the most about Florida?
4. How did you celebrate last Halloween?
5. Do you read a newspaper often and which do you prefer? Why?
6. What is a good number of people to have in a student household and why?
7. If you could invent a new flavor of ice cream, what would it be?
8. What is the best restaurant you've been to in the last month? Tell your conversation partner about it.
9. Describe the last pet you owned.
10. What is your favorite holiday? Why?
11. Tell your conversation partner the funniest thing that ever happened to you when you were a small child.
12. What gifts did you receive on your last birthday?

[If you have reached the end of this list of questions before the 3 minutes are up, please crack the door open so the researcher knows that you have finished.]

List III (spend 5 minutes on this set of questions)

1. Describe the last time you went to the zoo.
2. Do you like to get up early or stay up late? Is there anything funny that has resulted from this?
3. Where are you from? Name all of the places you've lived.
4. What did you do this summer?
5. What gifts did you receive last Christmas/Hanukkah?
6. Who is your favorite actor? Describe a favorite scene in which this person has acted.
7. What was your impression of UF the first time you ever came here?
8. What is the best TV show you've seen in the last month? Tell your conversation partner about it.

[If you have reached the end of this list of questions before the 5 minutes are up, please crack the door open so the researcher knows that you have finished.]

APPENDIX L
PERSONAL QUESTIONS

Study #1459 – 1 – 3
Social Perception
Conversation task questions

Please take turns asking each other the following questions. There is a time limit on each of the three lists of questions. You should try to finish all the questions within that time limit.

Remember: You do not have to answer any questions you don't wish to answer. If your partner asks you a question that makes you feel uncomfortable, or that you do not wish to answer for any reason, simply say that you'd rather not answer it.

List I (spend 1 minute on this set of questions)

1. What is your first name?
2. How old are you?
3. Where are you from?
4. What year are you at the University of Florida?
5. What do you think you might major in? Why?
6. What made you come to the University of Florida?
7. What is your favorite class at the University of Florida? Why?

[If you have reached the end of this list of questions before the 1 minute is up, please crack the door open so the researcher knows that you have finished.]

List II (spend 3 minutes on this set of questions)

1. What are your hobbies?
2. What would you like to do after graduating from the University of Florida?
3. What would be the perfect lifestyle for you?
4. What is something you have always wanted to do but probably never will be able to do?
5. If you could travel anywhere in the world, where would you go and why?
6. What is one strange thing that has happened to you since you've been at the University of Florida?
7. What is one embarrassing thing that has happened to you since arriving at University of Florida?
8. What is one thing happening in your life that makes you stressed out?
9. If you could change anything that happened to you in high school, what would that be?
10. If you could change one thing about yourself, what would that be?
11. Do you miss your family?
12. What is one habit you'd like to break?

[If you have reached the end of this list of questions before the 3 minutes are up, please crack the door open so the researcher knows that you have finished.]

List III (spend 5 minutes on this set of questions)

1. If you could have one wish granted, what would that be?
2. Is it difficult or easy for you to meet people? Why?
3. Describe the last time you felt lonely.
4. What is one emotional experience you've had with a good friend?
5. What is one of your biggest fears?
6. What is your most frightening early memory?
7. What is your happiest early childhood memory?
8. What is one thing about yourself that most people would consider surprising?

[If you have reached the end of this list of questions before the 5 minutes are up, please crack the door open so the researcher knows that you have finished.]

APPENDIX M
CONFEDERATE RESPONSES TO SUPERFICIAL QUESTIONS

List I

1. What is your first name?

Robert/Rachel

2. How old are you?

20

3. Where are you from?

Orlando, Florida

4. What year are you at the University of Florida?

Third

5. What do you think you might major in? Why?

I am a psychology major because human behavior and understanding how we interact and interpret the world around us fascinates me.

6. What made you come to the University of Florida?

Well I got into some really good out of state schools but tuition was so expensive and Bright Futures is such a good offer I couldn't turn it down.

7. What is your favorite class at the University of Florida? Why?

My favorite class was an Exposition Writing class because the professor was phenomenal. He really engaged you in the material and made you a better writer as a result.

List II

1. When was the last time you walked for more than an hour? Describe where you went and what you saw.

Well when I go for a run around campus I'll walk for some parts and just enjoy the views and take in the scenery. Sometimes I'll see alligators just floating around in Lake Alice so I'll stop and look at them for a bit.

2. What was the best gift you ever received and why?

The best gift I ever received was a gold chain from my grandfather. I was something he wore in his youth and he passed it on to me before he died.

3. If you had to move from Florida where would you go, and what would you miss the most about Florida?

I would move to California and to be honest I would not miss anything about Florida. I'll miss the best stuff about Florida you can get in California anyway.

4. How did you celebrate last Halloween?

I had a test the next day so unfortunately I spent Halloween studying for an exam.

5. Do you read a newspaper often and which do you prefer? Why?

I read the New York Times everyday because I prefer world news from quality writers, the New York Times is written well above the typical newspaper, which I think publishes stories at a 6th grade level.

6. What is a good number of people to have in a student household and why?

Well I think living with only one other person is ideal, because then you're not alone but you have privacy and there is accountability for clean dishes and other household issues.

7. If you could invent a new flavor of ice cream, what would it be?

I don't think I would invent a flavor, I'd just stick with what I like, vanilla.

8. What is the best restaurant you've been to in the last month? Tell your conversation partner about it.

Well I went to a small seafood place back in Orlando a few weeks ago that was delicious; I had king crab, which was phenomenal.

9. Describe the last pet you owned.

Well back home we have a small white dog, named "Scooter", he is my mom's dog but he is fun. He is a Napoleon complex and likes to fight big dogs.

10. What is your favorite holiday? Why?

I like Thanksgiving. Football on TV and all the food you can eat, as well as lots of people around to talk and tell stories.

11. Tell your conversation partner the funniest thing that ever happened to you when you were a small child.

Well I don't know specifically, but the funniest picture of my when I was little was after I ate a cupcake. I was about 8 months old I believe and there is a picture with the cupcake frosting all over my face and the cake splattered all over my high chair. I used the picture at my senior banquet in high school, everyone had a good laugh.

12. What gifts did you receive on your last birthday?

My parents usually just give me money now.

List III

1. Describe the last time you went to the zoo.

The last time I went to a Zoo I was with my family in San Diego. It was alright, we saw the pandas but they didn't really move they just sat there.

2. Do you like to get up early or stay up late? Is there anything funny that has resulted from this?

I usually stay up late, but if I have to wake up early I'm usually a little out of it in the morning so I just act kind of dumb which is funny I guess.

3. Where are you from? Name all of the places you've lived.

Orlando, born and raised.

4. What is your favorite class at UF so far? Why?

My favorite class was an Exposition Writing class because the professor was phenomenal. He really engaged you in the material and made you a better writer as a result.

5. What did you do this summer?

Well this summer I am just taking classes in Gainesville and trying to find a job.

6. What gifts did you receive last Christmas/Hanukkah?

Just money from my parents, it's hard for me to pinpoint specific items for people to buy for me.

7. Who is your favorite actor? Describe a favorite scene in which this person has acted.

I don't know, I don't have one favorite actor because things change so quickly, I just like movies in general.

8. What was your impression of UF the first time you ever came here?

Well my impression was overwhelming because the first time I came up here was for a football game and my sister was already a freshman. It was a crazy experience, we went to a lot of tailgates and I sat with her in the student section while my parents sat with the alumni.

APPENDIX N
CONFEDERATE RESPONSES TO PERSONAL QUESTIONS

List I

1. What is your first name?

Robert/Rachel

2. How old are you?

20

3. Where are you from?

Orlando, Florida

4. What year are you at the University of Florida?

Third

5. What do you think you might major in? Why?

I am a psychology major because human behavior and understanding how we interact and interpret the world around us fascinates me.

6. What made you come to the University of Florida?

Well I got into some really good out of state schools but tuition was so expensive and Bright Futures is such a good offer I couldn't turn it down.

7. What is your favorite class at the University of Florida? Why?

My favorite class was an Exposition Writing class because the professor was phenomenal. He really engaged you in the material and made you a better writer as a result.

List II

1. What are your hobbies?

I'm a big sports person, especially Gator Football, but I also like to read, listen to all kinds of music, go running, and watch some television. Also leisure is important, who doesn't love chilling by the pool?

2. What would you like to do after graduating from the University of Florida?

I'm really not sure yet. I was considering graduate programs of all kinds but right now all I know is I want to move to some other part of the country and get a change of scenery.

3. What would be the perfect lifestyle for you?

I'd probably like to have a job in a small mountain town. Live somewhere quiet but not too far from a major city. Try and find a place that is the best of both worlds so to speak.

4. What is something you have always wanted to do but probably never will be able to do?

I've always wanted to travel to Antarctica just because not many people have traveled there, but I can not imagine a reason why I would ever go there or be able to justify the time and cost of a trip there.

5. If you could travel anywhere in the world, where would you go and why?

I've never been to the Far East, I love to see China and Japan and travel around Asia for a while.

6. What is one strange thing that has happened to you since you've been at the University of Florida?

Well I think someone broke into my dorm while I was out but didn't take anything. I still don't know who it was or what they were doing there. I just came back from class and found my door wide open, but nothing was gone.

7. What is one embarrassing thing that has happened to you since arriving at University of Florida?

Well my freshman year I had a big project due in a class and went all the way to class and at the beginning I realized I left the CD with my group's entire presentation back in my dorm. I had to run all the way back to my dorm and run back in a full jacket and tie and get back mid-way through the class period and present still sweaty and out of breath. But at least we got an A on the presentation, it was just humiliating.

8. What is one thing happening in your life that makes you stressed out?

Thinking about the future sometimes stresses me out, especially in this economy, who knows what the job market will be like when I graduate? It scary to think about sometimes.

9. If you could change anything that happened to you in high school, what would that be?

I probably should have challenged myself more in high school with more rigorous coursework and more outside involvement.

10. If you could change one thing about yourself, what would that be?

I would like to be in better shape, but I've been trying lately, it just seems like school and life gets in the way.

11. Do you miss your family?

Not really, between cell phones, email, and Facebook sometimes I feel like my parents talk to me more then when I was living at home.

12. What is one habit you'd like to break?

I wish I didn't procrastinate as much as I do. I always do it though. I'll get a paper that isn't due for weeks, and I'll start it less than a week before it's due and then I'll stress out. I do it every time. I don't know why I do it. I also tend to procrastinate when studying for exams, so I'd like to be more prepared and study more consistently over the course of a semester.

List III

1. If you could have one wish granted, what would that be?

That's easy. I'd wish for a million dollars.

2. Is it difficult or easy for you to meet people? Why?

Meeting people is difficult usually, I sometimes just draw a blank when I am talking to someone for the first time, as if there is no common ground instantly without knowing anything about the other person.

3. Describe the last time you felt lonely.

The last time I felt lonely was after last semester. I went for a run around the UF campus in between sessions and it was so quiet, I had never been on campus that long without seeing a person, it's a little creepy.

4. What is one emotional experience you've had with a good friend?

I don't know about for everyone but for me and my friends watching Gator Football is an emotional experience and when they win and lose it sways our emotions, but going through it together as a group of fans is bonding in a sense.

5. What is one of your biggest fears?

I'm afraid of riding road bikes. I actually bought one thinking that it would be much faster than the old cruiser I have been using to get to and from campus, and that it would save me time. I've ridden it to campus twice, and felt awkward on it both times, that I haven't ridden it since.

6. What is your most frightening early memory?

I remember being bitten by my aunts Black Lab when I was about 4 years old and I still have a flash memory of that huge lab coming at me, although now I am a big time dog person.

7. What is your happiest early childhood memory?

I remember playing street hockey everyday after school with all the neighborhood kids back when I was 7. That was the best, for about an 8 months time everyday we would all meet at my house after school and just play hockey until dark everyday.

8. What is one thing about yourself that most people would consider surprising?

I like to watch children's cartoons sometimes. I know they are juvenile but they still make me laugh.

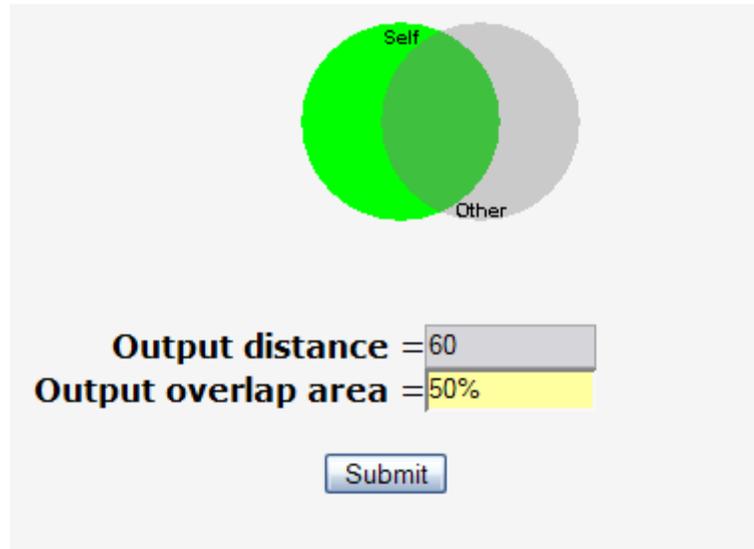
9. What is one recent accomplishment that you are proud of?

I was proud to get a full scholarship on bright futures, I know it's pretty common at UF but it is still an accomplishment.

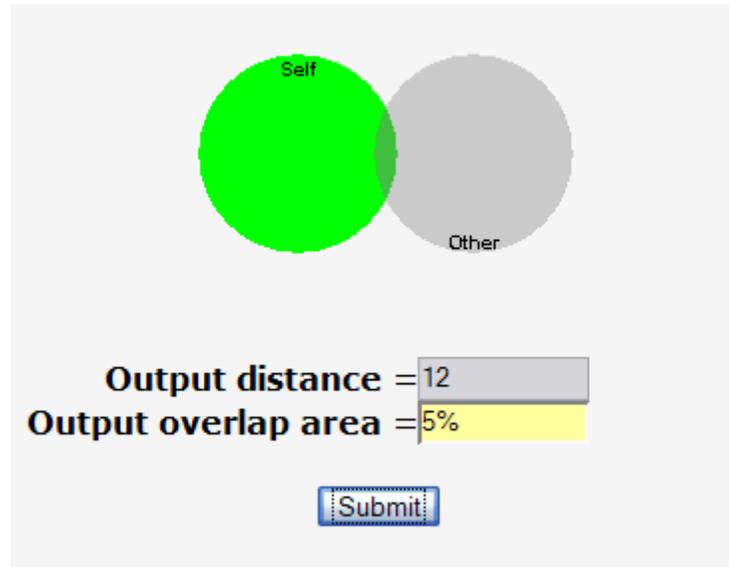
10. Tell me one thing about yourself that most people who already know you don't know.

I would like to write a book one day, even though it's tough and I doubt I would ever have the time it would be nice to compile a manuscript.

APPENDIX O
HIGH CLOSENESS FALSE FEEDBACK MANIPULATION



APPENDIX P
LOW CLOSENESS FALSE FEEDBACK MANIPULATION



LIST OF REFERENCES

- Alboher, M. (2008, June 2). When intolerance becomes intolerable. *New York Times*.
- Aron, A., & Aron, E. (1986). *Love and the expansion of self: Understanding attraction and satisfaction*. New York: Hemisphere.
- Aron, A., & Aron, E. (1991). Love and sexuality. In McKinney, K., & Sprecher, S. (Eds) *Sexuality in Close Relationships*. Hillsdale, NJ, England: Lawrence Erlbaum Associates, Inc.
- Aron, A., & Aron, E. N. (1991). Close relationships as including others in the self. *Journal of Personality and Social Psychology*, *60*, 241-253.
- Aron, E. N., & Aron, A. (1997). Sensory-processing sensitivity and its relation to introversion and emotionality. *Journal of Personality and Social Psychology*, *73*, 345-368.
- Aron, A., Aron, E. N., & Smollan, D. (1992). Inclusion of other in the Self Scale and the structure of interpersonal closeness. *Journal of Personality and Social Psychology*, *63*, 596-612.
- Aron, A., McLaughlin-Volpe, T., Mashek, D., Lewandowski, G., Wright, S. C., & Aron, E. N. (2004). Including close others in the self. *European Review of Social Psychology*, *15*, 101-132.
- Aron, A., Norman, C. C., Aron, E. N., McKenna, C., & Heyman, R. (2000). Couples shared participation in novel and arousing activities and experienced relationship quality. *Journal of Personality and Social Psychology*, *78*, 273-283.
- Aron, A., Paris, M., & Aron, E. N. (1995). Falling in love: Prospective studies of self-concept change. *Journal of Personality and Social Psychology*, *69*, 1102-1112.
- Ashforth, B. E. (2001). *Role transitions in organizational life: An identity-based perspective*. Mahwah, NJ: Lawrence Erlbaum Associates.
- Ayres, I. & Siegelman, P. (1995). Race and gender discrimination in bargaining for a new car. *The American Economic Review*, *85*, 304-321.
- Bem, D. J. (1965). An experimental analysis of self-persuasion. *Journal of Experimental Social Psychology*, *1*, 199-218.
- Bem, D. J. (1967). Self-Perception: An alternative interpretation of cognitive dissonance phenomena. *Psychological Review*, *74*, 183-200.
- Berscheid, E., Snyder, M., & Omoto A. M. (1989). The Relationship Closeness Inventory: Assessing the closeness of interpersonal relationships. *Journal of Personality and Social Psychology*, *57*, 5.

- Birenbaum, A. (1992). Courtesy stigma revisited. *Mental Retardation*, 30, 265-268.
- Blum, N. S. (1991). The management of stigma by Alzheimer family caregivers. *Journal of Contemporary Ethnography*, 20, 263-284.
- Bogdan, R., Biklen, D., Shapiro, A., & Spelkoman, D. (1990). The disabled: Media's monster. In M. Nagler (Ed.) *Perspectives on disability* (pp. 138-141). Palo Alto: Health Markets Research.
- Boon, S. D., & Miller, R. J. (1999). Exploring the links between interpersonal trust and the reasons underlying gay and bisexual males' disclosure of their sexual orientation to their mothers. *Journal of Homosexuality*, 37: 45-68.
- Bowen, F., & Blackmon, K. (2003). Spiral of silence: The dynamic effects of diversity on organizational voice. *Journal of Management Studies*, 40, 1393-1417.
- Brehm, J. W. (1956). Post-decision changes in desirability of alternatives. *Journal of Abnormal and Social Psychology*, 52, 384-389.
- Brodsky (1982). Work stress in correctional institutions. *Journal of Prison & Jail Health*, 2, 74-102.
- Burnett-Beaulieu (1982). Occupational therapy profession dropouts: Escape from the grief process. *Occupational therapy in mental health*, 2, 45-55.
- Button, J. W., Rienzo, B. A., & Wald, K. D. (1997). *Private lives, public conflicts: Battles over gay rights in American communities*. Washington, DC: CQ Press.
- Button, S. (2001). Organizational efforts to affirm sexual diversity: A cross-level examination. *Journal of Applied Psychology*, 86, 17-28.
- Chrobot-Mason, D., Button, S. B., & DiClementi, J. D. (2001). Sexual identity management strategies: An exploration of antecedents and consequences. *Sex Roles*, 45, 321-336.
- Clair, J. A., Beatty, J., & MacLean, T. (2005). Out of sight but not out of mind: Managing invisible social identities in the workplace. *Academy of Management Review*, 30, 78-95.
- Cole, S. W., Kemeny, M. E., Taylor, S. E., Visscher, B. R., & Fahey, J. L. (1996). Accelerated course of human immunodeficiency virus infection in gay men who conceal their homosexual identity. *Psychosomatic Medicine*, 58, 219-231.
- Corrigan, P. W. & Matthews, A. K. (2003). Stigma and disclosure: Implications for coming out of the closet. *Journal of Mental Health*, 12, 235-248.

- Corrigan, P. W. & Miller, F. E. (2004). Shame, blame, and contamination: A review of the impact of mental illness stigma on family members. *Journal of Mental Health, 13*, 537–548.
- Corrigan, P. W., & Penn, D. I. (1999). Lessons from social psychology on discrediting psychiatric stigma. *American Psychologist, 54*, 765–776.
- Cottrell, C. A., & Neuberg, S. L. (2005). Different emotional reactions to different groups: A sociofunctional threat-based approach to “prejudice.” *Journal of Personality and Social Psychology, 88*, 770–789.
- Crandall, C. S. (1994). Prejudice against fat people: Ideology and self-interest. *Journal of Personality and Social Psychology, 66*, 882-894.
- Crandall, C. S. (1995). Do parents discriminate against their heavyweight daughters? *Personality and Social Psychology Bulletin, 21*, 724-735.
- Crandall, C. S., Glor, J., & Britt, T. W. (1997). Aids-related stigmatization: Instrumental and symbolic attitudes. *Journal of Applied Social Psychology, 27*, 92–123.
- Crawford, A. M. (1996). Stigma associated with AIDS: A meta-analysis. *Journal of Applied Social Psychology, 26*, 398–416.
- Creed, W. E. D. (2003). Voice lessons: Tempered radicalism and the use of voice and silence. *Journal of Management Studies, 40*, 1503–1536.
- Creed, W. E. D., & Scully, M. (2000). Songs of ourselves: Employees’ deployment of social identity in workplace encounters. *Journal of Management Inquiry, 9*, 391–412.
- Crocker, J., & Major, B. (1989). Social stigma and self-esteem: The self-protective properties of stigma. *Psychological Review, 96*: 608–630.
- Crocker, J., & Major, B. (1994). Reactions to stigma: The moderating role of justifications. In Zanna, M. P. & Olson, J. M. (Eds.), *The Psychology of Prejudice, 7*, 289-314. Hillsdale, NJ, England: Lawrence Erlbaum Associates, Inc.
- Crocker, J., Major, B., & Steele, C. (1998). Social stigma. In D. Gilbert, S. Fiske, & G. Lindzey (Eds.), *The handbook of social psychology* (4th ed.) (pp. 504–553). Boston: McGraw-Hill.
- D’Augelli, A. R. (1998). Developmental implications of victimization of lesbian, gay, and bisexual youth. In G. M. Herek (Ed.), *Stigma and sexual orientation: Understanding prejudice against lesbians, gay men, and bisexuals* (pp. 187–210). Thousand Oaks, CA: Sage.

- D'Augelli, A. R., & Grossman, A. H. (2001). Disclosure of sexual orientation, victimization, and mental health among lesbian, gay, and bisexual older adults. *Journal of Interpersonal Violence, 16*, 1008–1027.
- D'Augelli, A. R., Hershberger, S. L., & Pilkington, N. W. (1998). Lesbian, gay, and bisexual youths and their families: Disclosure of sexual orientation and its consequences. *American Journal of Orthopsychiatry, 68*, 361-371.
- Day, N. E., & Schoenrade, P. (1997). Staying in the closet versus coming out: Relationships between communication about sexual orientation and work attitudes. *Personnel Psychology, 50*, 147–163.
- Day, N. E., & Schoenrade, P. (2000). The relationship among reported disclosure of sexual orientation, anti-discrimination policies, top management support and work attitudes of gay and lesbian employees. *Personnel Review, 29*, 3.
- Doyle, J. (1999). A qualitative study of factors influencing psychiatric nursing practice in Australian prisons. *Perspectives in Psychiatric Care, 35*, 1.
- Elliott, G. C., Ziegler, H. L., Altman, B. M., & Scott, D. R. (1982). Understanding stigma: Dimensions of deviance and coping. *Deviant Behavior, 5*, 275-300.
- Esterberg, K. G. (1996). Gay cultures, gay communities: The social organization of lesbians, gay men, and bisexuals. In R. C. Savin-Williams & K. M. Cohen (Eds.), *The lives of lesbians, gays, and bisexuals: Children to adults* (pp. 377–392). Orlando, FL: Harcourt Brace.
- Farina, A., & Ring, K. (1965). The influence of perceived mental illness on interpersonal relations. *Journal of Abnormal Psychology, 70*, 1.
- Fernald, J. L. (1995). Interpersonal heterosexism. In Lott, B. & Maluso, D. (Eds.) 80-117. New York, NY, US: Guilford Press.
- Festinger, L. (1964). *Conflict, decision, and dissonance*. Stanford, CA: Stanford University Press.
- Festinger, L. and Carlsmith, J. M. (1959). Cognitive consequences of forced compliance. *Journal of Abnormal and Social Psychology, 58*, 203-211.
- Franklin, K. (2000). Antigay behaviors among young adults: Prevalence, patterns, and motivators in a noncriminal population. *Journal of Interpersonal Violence, 15*, 339-362.
- Fichten, C. S., & Amsel, R. (1986). Trait attributions about college students with a physical disability: Circumplex analysis and methodological issues. *Journal of Applied Social Psychology, 16*, 410-427.

- Fine, M. & Asch, A. (1988). Disability beyond stigma: Social interaction, discrimination, and activism. *Journal of Social Issues, 44*, 3-21.
- Frable, D. E. S., Platt, L., & Hoey, S. (1998). Concealable stigmas and positive self-perceptions: Feeling better around similar others. *Journal of Personality and Social Psychology, 74*, 909-922.
- Frable, D. E. S., Wortman, C., & Joseph, J. (1997). Predicting self-esteem, well-being, and distress in a cohort of gay men: The importance of cultural stigma, personal visibility, community networks, and positive identity. *Journal of Personality, 65*, 599-624.
- Fraley, B., & Aron, A. (2004). The effect of a shared humorous experience on closeness in initial encounters. *Personal Relationships, 11*, 61-78.
- Franke, R., Leary, M. R. (1991). Disclosure of sexual orientation by lesbians and gay men: A comparison of private and public processes. *Journal of Social & Clinical Psychology, 10*, 262-269.
- Geier, A. B., Schwartz, M. B., & Brownell, K. D. (2003). 'Before and after' diet advertisements escalate weight stigma. *Eating and Weight Disorders, 8*, 282-288.
- Gerard, H. B., & White, G. L. (1983). Post-decisional reevaluation of choice alternatives. *Personality and Social Psychology Bulletin, 9*, 365-369.
- Griffith, K. H., & Hebl, M. R. (2002). The disclosure dilemma for gay men and lesbians: "Coming out" at work. *Journal of Applied Psychology, 87*, 1191-1199.
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*. Englewood Cliffs, NJ: Prentice Hall.
- Goldstein, S. B., & Johnson, V. A. (1997). Stigma by association: Perceptions of the dating partners of college students with physical disabilities. *Basic and Applied Social Psychology, 19*, 495-504.
- Harvey, J., & Wenzel, A. (2001). *Close romantic relationships: Maintenance and enhancement*. Mahwah, NJ, US: Lawrence Erlbaum Associates Publishers.
- Halter, M. J. (2008). Perceived characteristics of psychiatric nurses: Stigma by association. *Archives of Psychiatric Nursing, 22*, 20-26.
- Hebl, M., Foster, J. B., Mannix, L. M., & Dovidio, J. F. (2002). Formal and interpersonal discrimination: A field study of bias toward homosexual applicants. *Personality and Social Psychology Bulletin, 28*, 815-825.
- Hebl, M. R., & Mannix, L. M. (2003). The weight of obesity in evaluating others: A mere proximity effect. *Personality and Social Psychology Bulletin, 29*, 28.

- Herek, G. M. (1984). Attitudes toward lesbians and gay men: A factor analytic study. *Journal of Homosexuality, 10*, 39-51.
- Herek, G. M. (1989). Hate crimes against lesbians and gay men: Issues for research and policy. *American Psychologist, 44*, 948–955.
- Herek, G. (1991). Stigma, prejudice, and violence against lesbians and gay men. In Gonsiorek, J. C. & Weinrich, J. D. (Eds.) *Homosexuality: Research Implications for Public Policy*. Thousand Oaks, CA, US: Sage Publications, Inc.
- Herek, G. M. (1998). Attitudes Toward Lesbians and Gay Men Scale. In Davis, C.M. (Ed.), *Handbook of Sexuality-Related Measures* (pp. 392-394). Thousand Oaks, CA: Sage Publications.
- Herek, G. M., & Capitanio, J. P. (1998). Symbolic prejudice or fear of infection? A functional analysis of AIDS-related stigma among heterosexual adults. *Basic and Applied Social Psychology, 20*, 230–241.
- Herek, G. M., Cogan, J. C., & Gillis, J. R. (2002). Victim experiences in hate crimes based on sexual orientation. *Journal of Social Issues, 58*, 319–339.
- Hogg, M. A., & Terry, D. J. (2000). Social identity and self-categorization processes in organizational contexts. *Academy of Management Review, 25*, 121–140.
- Janis, I. L. & Gilmore, J. B. (1965). The influence of incentive conditions on the success of role playing in modifying attitudes. *Journal of Personality and Social Psychology, 1*, 17-27.
- Jordan, K. M., & Deluty, R. H. (1998). Coming out for lesbian women: Its relation to anxiety, positive affectivity, self-esteem, and social support. *Journal of Homosexuality, 35*, 41–63.
- Jones, E. E., Farina, A., Hastorf, A. H., Markus, H., Miller, D. T., & Scott, R. A. (1984). *Social stigma: The psychology of marked relationships*. New York: Freeman.
- Jones, G. E. & Stone, D. L. (1995). Perceived discomfort associated with working with persons with varying disabilities. *Perceptual and Motor Skills, 81*, 911-919.
- Kahn, R. L., Wolfe, D. M., Quinn, R. P., & Snoek, J. D. (1964). *Organizational stress: Studies in role conflict and ambiguity*. New York: Wiley.
- Kahn, R. L., Wolfe, D. M., Quinn, R. P., Snoek, J. D., & Rosenthal, R. A. (1964). *Organizational stress: Studies in role conflict and ambiguity*. Oxford, England: John Wiley.
- Katz, I. (1979). Some thoughts about the stigma notion. *Personality and Social Psychology Bulletin, 5*, 447-460.

- Krieger, N. & Sidney, S. (1996). Racial discrimination and blood pressure: The CARDIA study of young Black and White adults. *American Journal of Public Health, 86*, 1370-1378.
- Langer, E. J., Fiske, S., Taylor, S. E., Chanowitz, B. (1975). Stigma, staring, and discomfort: A novel-stimulus hypothesis. *Journal of Experimental Social Psychology, 12*, 451-463.
- Larson, J. E. & Corrigan, P. (2008). The stigma of families with mental illness. *Academic Psychiatry, 32*, 87-91.
- Laudet, A., Magura, S., Furst, R. T., Kumar, N. (1999). Male partners of substance-abusing women in treatment: An exploratory study. *American Journal of Drug and Alcohol Abuse, 25*, 607-627.
- Laurenceau, J. P., Barrett, L. F., & Pietromonaco, P. R. (1998). Intimacy as an interpersonal process: The importance of self-disclosure, partner disclosure, and perceived partner responsiveness in interpersonal exchanges. *Journal of Personality and Social Psychology, 74*: 1238–1251.
- Le, B., & Moss, W. B. (2007). About the Continuous IOS. Retrieved August 8, 2008 from Haverford College, Department of Psychology:
http://www.haverford.edu/psych/ble/continuous_ios/
- Le, B., Moss, W., B., & Mashek, D. (2007). Assessing relationship closeness online: Moving from an interval-scaled to continuous measure of including others in the self. *Social Science Computer Review, 25*, 405-409.
- Leary, M. R., & Tangney, J. P. (Eds.). (2003). *Handbook of self and identity*. New York: Guilford Press.
- Lerner, M. J. (1980). *The Belief in a Just World: A Fundamental Delusion*. New York: Plenum Press.
- Lewandowski, G. W., Aron, A., Bassis, S., & Kunak, J. (2006). Losing a self-expanding relationship: Implications for the self-concept. *Personal Relationships, 13*, 317-331.
- Lieberman, M., Oschner, K., Gilbert, D., & Schacter, D. (2001). Do amnesiacs exhibit cognitive dissonance reduction? The role of explicit memory and attention in attitude change. *Psychological Science, 12*, 135-140.
- Luhtanen, R. K. (2003). Identity, stigma-management, and well-being: A comparison of lesbians/bisexual women and gay/bisexual men. *Journal of Lesbian Studies, 7*, 85–100.

- Major, B., & Gramzow, R. H. (1999). Abortion as stigma: Cognitive and emotional implications of concealment. *Journal of Personality and Social Psychology, 77*, 735–745.
- Meiser, B., Mitchell, P. B., Kasparian, N. A., Strong, K., Simpson, J. M., Mireskandari, S., Tabassum, L., & Schofield, P. R. (2007). Attitudes towards childbearing, causal attributions for bipolar disorder and psychological distress: A study of families with multiple cases of bipolar disorder. *Psychological Medicine, 37*, 1601-1611.
- Mehta, S. I., & Farina, A. (1988). Associative stigma: Perceptions of the difficulties of college-aged children of stigmatized fathers. *Journal of Social and Clinical Psychology, 7*, 192–202.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*, 674–697.
- Meyerson, D. E., & Scully, M. A. (1995). Tempered radicalism and the politics of ambivalence and change. *Organization Science, 6*, 585–601.
- Neuberg, S. L., & Cottrell, C. A. (2002). Intergroup emotions: A sociofunctional approach. In D. M. Mackie & E. R. Smith (Eds.), *From prejudice to intergroup relations: Differentiated reactions to social groups* (pp. 265–283). New York: Psychology Press.
- Neuberg, S. L., Smith, D. M., Hoffman, J. C., & Russell, F. J. (1994). When we observe stigmatized and “normal” individuals interacting: Stigma by association. *Personality and Social Psychology Bulletin, 20*, 196–209.
- Noelle-Neumann, E. (1974). The spiral of silence: a theory of public opinion. *Journal of Communication, 24*, 43-51.
- Noelle-Neumann, E. (Ed.) (1985). *The Spiral of Silence: A Response*. Garbondale and Edwardsville, IL: Southern Illinois University Press.
- Noelle-Neumann, E. (1991). The theory of public opinion: the concept of the spiral of silence. In Anderson, J. A. (Ed.), *Communication Yearbook*. Newbury Park, GA: Sage, 256.
- Östman M. & Kjellin, L. (2002). Stigma by association: Psychological factors in relatives of people with mental illness. *British Journal of Psychiatry, 181*, 494-498.
- Pachankis, J. E. (2007). The psychological implications of concealing a stigma: A cognitive-affective-behavioral model. *Psychological Bulletin, 133*, 328–345.

- Penny, H., & Haddock, G. (2007). Anti-fat prejudice among children: The "mere proximity" effect in 5-10 year olds. *Journal of Experimental Social Psychology*, 43, 678-683.
- Pierce, G. R., Sarason, I. G., & Sarason, B. R. (1991). General and relationship-based perceptions of social support: Are two constructs better than one? *Journal of Personality and Social Psychology*, 61, 1028–1039.
- Poindexter, C. C. (2005). The lion at the gate: An HIV-affected caregiver resists stigma. *Health & Social Work*, 30, 64-74.
- Poindexter, C. C., & Linsk, N. L. (1999). HIV-related stigma in a sample of HIV-affected older female African American caregivers. *Social Work*, 44, 46-61.
- Puhl, R. & Brownell, K. D. (2003). Ways of coping with obesity stigma: Review and conceptual analysis. *Eating Behaviors*, 4, 53-78.
- Ragins, B. R. (2004). Sexual orientation in the workplace: The unique work and career experiences of gay, lesbian and bisexual workers. *Research in Personnel and Human Resource Management*, 23: 37–122.
- Ragins, B. R. (2008). Disclosure disconnects: Antecedents and consequences of disclosing invisible stigmas across life domains. *Academy of Management Review*, 33, 1.
- Ragins, B. R., Singh, R., & Cornwell, J. M. (2007). Making the invisible visible: Fear and disclosure of sexual orientation at work. *Journal of Applied Psychology*, 92, 1103–1118.
- Reis, H. T., & Shaver, P. (1988). Intimacy as an interpersonal process. In S. Duck & D. F. Hay (Eds.), *Handbook of personal relationships: Theory, research and interventions*: 367–389. Oxford: Wiley.
- Riordan, C. M. (2001). Relational demography within groups: Past developments, contradictions, and new directions. *Research in Personnel and Human Resource Management*. 19, 131–173.
- Rose, S.J. & Hartmann, H.I. (2004). Still a man's labor market: The long-term earnings gap. Washington DC: Institute for Women's Policy Research.
- Rostosky, S. S., & Riggle, E. D. B. (2002). "Out" at work: The relation of actor and partner workplace policy and internalized homophobia to disclosure status. *Journal of Counseling Psychology*, 49, 411–419.
- Sarason, I. G., Pierce, G. R., & Sarason, B. R. (1990). Social support 214 *Academy of Management Review* January and interactional processes: A triadic hypothesis. *Journal of Social and Personal Relationships*, 7, 495–506.

- Savin-Williams, R. C., & Cohen, K. M. (1996). Psychosocial outcomes of verbal and physical abuse among lesbian, gay, and bisexual youths. In R. C. Savin-Williams & K. M. Cohen (Eds.), *The lives of lesbians, gays, and bisexuals*: 181–194. Fort Worth, TX: Harcourt Brace.
- Scambler, G., & Hopkins, A. (1986). Being epileptic: Coming to terms with stigma. *Sociology of Health and Illness*, *8*, 26–43.
- Schlenker, B. R. (1986). Self-identification: Toward an integration of the private and public self. In R. Baumeister (Ed.), *Public self and private self*. New York: Springer-Verlag.
- Schlenker, B. R., & Britt, T. W. (1999). Beneficial impression management: Strategically controlling information to help friends. *Journal of Personality and Social Psychology*, *76*, 559-573.
- Schlenker, B. R., Lifka, A., & Wowra, S. A. (2004). Helping new acquaintances make the right impression: Balancing image concerns of others and self. *Self and Identity*, *3*, 191-206.
- Schneider, B. E. (1987). Coming out at work: Bridging the private/public gap. *Work and Occupations*, *13*, 463–487.
- Sigelman, C. K., Howell, J. L., Cornell, D. P., Cutright, J. D., & Dewey, J. C. (1991). Courtesy stigma: The social implications of associating with a gay person. *Journal of Social Psychology*, *131*, 45–56.
- Smart, L., & Wegner, D. M. (1999). Covering up what can't be seen: Concealable stigma and mental control. *Journal of Personality and Social Psychology*, *77*, 474–486.
- Smart, L., & Wegner, D. M. (2000). The hidden costs of hidden stigma. In T. F. Heatherton, R. E. Kleck, M. R. Hebl, & J. G. Hull (Eds.), *The social psychology of stigma*. New York: Guilford Press.
- Söder, M. (1990). Prejudice or ambivalence? Attitudes toward persons with disabilities. *Disability, Handicap, & Society*, *5*, 227-241.
- Steele, C. M. & Aronson, J. (1995). Stereotype threat and the intellectual test performance of African Americans. *Journal of Personality and Social Psychology*, *69*, 797-811.
- Sternberg, R. J. (1988). Construct validation of a triangular theory of love. Unpublished manuscript, Yale University, Department of Psychology.
- Stryker, S. (1987). The vitalization of symbolic interactionism. *Social Psychology Quarterly*, *50*, 83–94.

- Swann, W. B., Jr. (1983). Self-verification: Bringing social reality into harmony with the self. In J. Suls & A. G. Greenwald (Eds.), *Social psychological perspectives on the self*, (volume 2) (pp. 33–66). Hillsdale, NJ: Lawrence Erlbaum Associates.
- Swann, W. B., Jr. (1987). Identity negotiation: Where two roads meet. *Journal of Personality and Social Psychology*, *53*, 1038–1051.
- Swann, W. B., Jr. (1996). *Self-traps: The elusive quest for higher self esteem*. New York: Freeman.
- Swann, W. B., Jr., Polzer, J. T., Seyle, D. C., & Ko, S. J. (2004). Finding value in diversity: Verification of personal and social self-views in diverse groups. *Academy of Management Review*, *29*, 9–27.
- Swim, J. K., Ferguson, M. J., & Hyers, L. L. (1999). Avoiding stigma by association: Subtle prejudice against lesbians in the form of social distancing. *Basic and Applied Social Psychology*, *21*, 61-68.
- Tajfel, H. & Turner, J. C. (1979). An integrative theory of intergroup conflict. In Austin, W. G. & Worchel, S. *The Social Psychology of Intergroup Relations*. Monterey, CA: Brooks/Cole Pub. Co.
- Tajfel, H., & Turner, J. C. (1986). The social identity theory of intergroup behavior. In S. Worchel & W. G. Austin (Eds.), *Psychology of intergroup relations* (2nd ed.): 7–24. Chicago: Nelson-Hall.
- Tedeschi, J. T., Schlenker, B. R., & Bonoma, T. V. (1971). Cognitive dissonance: Private ratiocination or public spectacle? *American Psychologist*, *26*, 685-695.
- Tsui, A. S., Egan, T. D., & O'Reilly, C. A., III. (1992). Being different: Relational demography and organizational attachment. *Administrative Science Quarterly*, *37*, 549–579.
- Vincke, J., & Bolton, R. (1994). Social support, depression, and self-acceptance among gay men. *Human Relations*, *47*, 1049–1062.
- Weiner, B. (1993). On sin versus sickness: A theory of perceived responsibility and social motivation. *American Psychologist*, *48*, 957-965.
- Weiner, B., Perry, R. P., & Magnusson, J. (1988). An attributional analysis of reactions to stigmas. *Journal of Personality and Social Psychology*, *55*, 738-748.
- White, A. M. & Gaines, S. O., Jr. (2006). 'You've got a friend': African American men's cross-sex feminist friendships and their influence on perceptions of masculinity and women. *Journal of Social and Personal Relationships*, *23*, 523-542.
- Williams, P. J. (1997, December 29). Of race and risk. *Nation*, 10.

Witten, T. M. & Eyler, A. E. (1999). Hate crimes and violence against the transgendered. *Peace Review*, 11, 461-468.

Wright, S. C., Aron, A. McLaughlin-Volpe, T., & Ropp, S. A. (1997). The extended contact effect: Knowledge of cross-group friendships and prejudice. *Journal of Personality and Social Psychology*, 73, 73-90.

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, where he received his M.S. in psychology in 2008.