EXAMINING CUES THAT SIGNAL MENTAL ILLNESS STIGMA

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Erving Goffman (1963) distinguished between stigmas that are readily perceived (like ethnic group and gender) versus those that might be hidden (like sexual orientation or religious affiliation). Mental illness stigma falls into the latter group; it is not readily obvious but instead inferred from a variety of social cues. The impact of three cues—bizarre behavior, poor social skills, and low physical attractiveness—on stigma is examined in this study. One hundred seventeen research participants read four vignettes about meeting a person in public who varied in symptoms (positive versus negative symptoms) and appearance (clean versus unkempt). After completing each vignette, they answered questions about three types of stigmatizing attitudes: dangerousness, threat, and social avoidance. Results suggest research participants rated the person in the vignette as more dangerous, threatening, and worthy of avoidance when he manifested positive symptoms compared to negative symptoms. Physical appearance interacted with symptoms; persons in the vignette who were unkempt were more stigmatized when they manifested negative, rather than positive symptoms. Stigma related to physical appearance interacted with the perceivers’ gender; women were more likely to stigmatize unkempt people in the vignettes. Implications of these findings for a model of mental illness stigma are discussed.

Stigma has a significant impact on many people with mental illness. Several studies have documented the public’s widespread endorsement of stigmatizing attitudes (Bhugra, 1989; Brockington, Hall, Leving, & Murphy, 1993; Greenley, 1984; Hamre, Dahl, & Malt, 1994; Link, 1987;)

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Social psychologists view stereotypes as knowledge structures that are learned by most members of a social group (Augoustinos, Ahrens, & Innes, 1994; Esses, Haddock, & Zanna, 1994; Hilton & von Hippel, 1996; Judd & Park, 1993; Krueger, 1996; Mullen, Rozell, & Johnson, 1996). Stereotypes are especially efficient means of categorizing information about social groups. Stereotypes are considered "social" because they represent collectively agreed upon notions of groups of persons. They are "efficient" because people can quickly generate impressions and expectations of individuals who belong to a stereotyped group (Hamilton & Sherman, 1994).

Just because most people have knowledge of a set of stereotypes does not imply that they agree with them (Jussim, Nelson, Manis, & Soffin, 1995). For example, many persons can recall stereotypes about different racial groups but do not agree that the stereotypes are valid. People who are prejudiced, on the other hand, endorse these negative stereotypes ("That's right; all persons with mental illness are violent!") and generate negative emotional reactions as a result ("They all scare me!") (Devine, 1988, 1989, 1995; Hilton & von Hippel, 1996; Krueger, 1996). Prejudice, which is fundamentally a cognitive and affective response, leads to discrimination, the behavioral reaction (Crocker, Major, & Steele, 1998). Members of the general public may withhold opportunities from people with mental illness because of prejudice.

One specific chain from stereotype to discrimination has been especially fruitful for explaining mental illness stigma: beliefs about dangerousness, reactions of threat, and behavioral avoidance. Prejudice that yields anger can lead to hostile behavior (e.g., physically harming a minority group; Weiner, 1995). In terms of mental illness, angry prejudice may lead to withholding help or replacing health care with services provided by the criminal justice system (Corrigan, 2000). Fear leads to avoidance (e.g., employers do not want persons with mental illness nearby so they do not hire them; Corrigan, Backs, Green, Diwan, & Penn, 2001).
A key difference exists between the stigma experienced by such groups as people of color and women (the groups on which most social psychological theories were developed) compared to people with psychiatric disabilities (Goffman, 1963). Namely, the social cues that indicate a person belongs to stigmatized ethnic or gender groups (e.g., skin color or body characteristics) are manifest. Signals that indicate membership in the group stigmatized as "mentally ill" can be hidden (i.e., members of the general public may not know a person has mental illness if that person does not disclose it (Corrigan & Lundin, 2001). The public may infer that a person belongs to the group stigmatized as mentally ill after observing four sets of cues: labels (i.e., people who are publicly known as mentally ill), bizarre behavior (people showing positive symptoms like agitation, delusions, and formal thought disorder), poor social skills (people showing negative symptoms), and physical appearance (people who are dirty and unkempt) (Corrigan, 2000; Farina, 1998; Penn & Martin, 1998).

Thus far, the majority of research has examined the impact of labels on mental illness stigma (Aubrey, Tefft, & Currie, 1995; Cormack & Furnham, 1998; Link, Cullen, Frank, & Wozniak, 1987), although scattered studies have also examined the impact of other cues provided singly (Riskind & Wahl, 1992; Sowell & Holtgraves, 1992; Penn et al., 1994, Penn, Kommana, Mansfield, & Link, 1999). The purpose of this paper is to determine the impact of the three remaining sets of social cues on key stigmatizing reactions: dangerousness, threat, and avoidance. First, we will compare the stigmatizing responses of research participants to positive symptoms (a proxy for bizarre behavior) and negative symptoms (a proxy for poor social skills). Given that positive symptoms are generally viewed as more frightening and troublesome (Corrigan, 2000; Penn, Kohlmaier, & Corrigan, 2000), we expect that actors who are perceived to be delusional, agitated, or otherwise not thinking clearly will be viewed as more dangerous and threatening. Moreover, in this study we will examine the impact of dirty versus clean physical appearance as a signal of stigma. Consistent with earlier research (Burns & Farina, 1992; Farina, Burns, Austad, Bugglin, & Fischer, 1986), we expect research participants will want to avoid those people who are dirty.

Research has also examined variables that are characteristic of the perceiver to determine their impact on stigma. Previous research showed perceivers from minority ethnic groups were less likely to stigmatize people with mental illness (Corrigan, Backs et al., 2001). In this article, we examine the impact of perceiver's gender on cue perception and stigma. Other studies suggest gender differences may represent evolved dispositions or social roles (Eagly & Wood, 1999). How might these differences manifest themselves in terms of mental illness stigma (Farina, 1981)? We
expect to show that reaction to appearance varies by gender, with women more likely to rate an actor as dangerous and threatening, and likely to avoid this actor when the person is more unkempt.

METHOD

One hundred seventeen research participants were approached at random in public shopping centers around Palo Alto, California and asked to complete the stigma instrument for this study. The sample participating in the study was 41.2 years of age, on average (SD = 14.4) and 54.6% female. In terms of level of education, 6.7% of the sample had a high school diploma or less; 30.0% had some college but no degree; 15.0% had completed a college degree; and 48.3% were graduate educated. In terms of ethnicity, the sample was 2.5% Asian, 5% Latino, 90.8% European American, and 1.7% other.

Individuals who consented to participate in the study were presented with four vignettes that represented the actions of a male stranger on a bus or train. The vignette character was always male so as not to confound stigma ratings by gender of the central figure. The vignettes varied by two sets of cues: positive ("He is speaking incoherently and loudly."") versus negative ("He is sitting on a nearby bench, staring down at the pavement, very quiet) symptoms and unkempt ("He does not appear to have changed clothes or showered in quite a few days.") versus clean ("He is very clean and well-groomed") appearance. After reading each vignette, research participants rated the actor on three items using a zero- to ten-point Likert Scale (10 = very much). Items included: "How dangerous is the person?" "How threatening is the person?" "Would you attempt to avoid the person?"

RESULTS

The mean and standard deviations of dangerousness, threat, and avoidance ratings made by research participants for each of the vignettes are summarized in Table 1. These ratings are listed separately for male and female participants. Mixed model 2 x 2 x 2 ANOVAs (symptoms by appearance by gender of observer) were completed for each of the three dependent measures. In terms of dangerousness, main effects were found for positive/negative symptoms [F(1,116) = 638.6, p < .0001], but not appearance [F(1,116) = 1.87, ns] or gender [F(1,116) = 1.24, ns]. Research participants rated the vignettes with positive symptoms as more dangerous. The interaction between symptoms and appearance was also significant [F(1,116) = 46.0, p < .0001]; the actor in the vignette with nega-
TABLE 1. Mean and Standard Deviations for Responses to the Four Vignettes in the Study*

<table>
<thead>
<tr>
<th>Vignette type</th>
<th>Dangerousness</th>
<th>Threat</th>
<th>Avoidance</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>positive/unkempt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>female</td>
<td>5.23</td>
<td>2.3</td>
<td>5.38</td>
</tr>
<tr>
<td>male</td>
<td>4.69</td>
<td>2.3</td>
<td>4.01</td>
</tr>
<tr>
<td>negative/unkempt</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>female</td>
<td>3.51</td>
<td>2.4</td>
<td>3.68</td>
</tr>
<tr>
<td>male</td>
<td>3.00</td>
<td>1.8</td>
<td>2.50</td>
</tr>
<tr>
<td>positive/clean</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>female</td>
<td>5.57</td>
<td>2.9</td>
<td>5.57</td>
</tr>
<tr>
<td>male</td>
<td>5.24</td>
<td>2.3</td>
<td>4.65</td>
</tr>
<tr>
<td>negative/clean</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>female</td>
<td>2.52</td>
<td>2.2</td>
<td>2.40</td>
</tr>
<tr>
<td>male</td>
<td>2.35</td>
<td>1.9</td>
<td>1.88</td>
</tr>
</tbody>
</table>

*Statistics are listed by gender.

tive symptoms was rated more dangerous when he was described as dirty and unkempt. Gender was not found to interact significantly with symptoms [F(1,116) = 0.24, ns] or appearance [F(1,116) = 1.04, ns]; moreover, the three-way interaction was not significant [F(1,116) = 0.13, ns].

In terms of the 2 × 2 × 2 ANOVA for threat, significant main effects were found for symptoms [F(1,116) = 17.04, p < .0001], appearance [F(1,116) = 3.68, p = .05], and gender [F(1,116) = 7.66, p < .01]. Positive symptoms were rated as more threatening than negative symptoms. Unkempt appearance was rated as more threatening than clean. Women rated the actor in the vignettes as more threatening than men. A significant interaction was found for symptoms and appearance [F(1,116) = 23.58, p < .0001]. Negative symptom vignettes were rated more threatening when the actor was unkempt. Significant interactions were also found between gender and appearance [F(1,116) = 3.95, p < .05] but not gender and symptoms [F(1,116) = 0.70, ns]. Women rated unkempt actors as more threatening than men. The three-way interaction was not found to be significant [F(1,116) = 0.14, ns].

The 2 × 2 × 2 ANOVA for avoidance also yielded interesting findings that mostly paralleled what was reported above. Significant main effects were found for symptom [F(1,116) = 153.73, p < .0001] and appearance [F(1,116) = 15.71, p < .0001]; significant trends described the main effect for gender [F(1,116) = 3.02, p < .10]. As in the findings for threat, research participants were more likely to avoid actors with positive symptoms.
rather than negative symptoms; avoidance was greater for unkempt than clean actors; and women were more likely to avoid actors in these vignettes than men. A significant interaction was found between appearance and symptoms \( F(1,116) = 153.73, p < .0001 \); avoidance was greater for unkempt vignettes when the actor manifested negative symptoms. Significant effects were found for the interactions between gender and appearance \( F(1,116) = 4.22, p<0.05 \) but not gender and symptoms \( F(1,116) = 0.42, ns \). Women were more likely to avoid unkempt actors. The three-way interaction was not significant \( F(1,116) = 0.001, ns \).

**DISCUSSION**

The purpose of this study was to determine the relationship between three types of cues—bizarre behavior, poor social skills, and unkempt appearance—and consequent stigma. Results suggest that people manifesting positive symptoms (which represent bizarre behavior) were more stigmatized than those showing negative symptoms (a proxy for poor social skills). Research participants rated the vignette character with positive symptoms as more dangerous and threatening. Moreover, research participants were much more likely to socially avoid the person with positive symptoms. Note that these findings are somewhat at odds with other research in the area. Penn and colleagues (2000) found that ratings of social distance corresponded with the negative symptoms of a group of videotaped mental health consumers. Note, however, that the effects found by Penn and colleagues were mediated by perceived strangeness ("how strange the person seemed to be"; Nisenson & Berenbaum, 1998). Hence, the key aspect of bizarre behavior or poor social skills, in terms of signaling stigma, may be how alien these cues are to what is considered to be normal social intercourse. In fact, Farina (1998) concluded that the alienating quality of behaviors is key to stigmatizing reactions from others.

In our study, the effects of physical appearance on stigma were mediated by symptoms. Namely, unkempt people were stigmatized only when paired with negative symptoms; no main effects for physical appearance were found. This interaction may have occurred for several reasons. Perhaps the reaction to positive symptoms yielded stigma close to the ceiling of possible responses; any additional stigma that might have resulted from the combination of positive symptoms and unkempt appearance would not have been measured. This conclusion seems unlikely, however, given that the mean response to positive symptoms was no more than seven on a ten-point scale. Note that the range of ratings on positive symptoms, as on all dependent measures, was ten. Alterna-
tively, perhaps unkempt appearance makes more sense in people with negative symptoms—those individuals who are socially inept and awkward. This conclusion corresponds with research by Penn, Meuser, and Doonan (1997). Namely, poor social functioning was inversely associated with ratings of physical attractiveness.

Male and female research participants did not differ in their reaction to the actors’ symptoms in the vignettes. They rated both positive and negative symptom vignettes similarly. Women in this study, however, stigmatized unkempt actors more severely than males. These findings also seem to contradict what other research has found on male versus female perceptions of people with mental illness. In summarizing this literature, Farina (1998) concluded that women are more “even-handed” than men in their perceptions of and interactions with people with mental illness. Our findings also contradict research by social psychologists that suggests biases that result from physical attractiveness are usually stronger in male observers (Jackson, Hunter, & Hodge, 1995). Perhaps the key path accounting for our findings is that ratings that result from unkempt appearance correspond with danger and threat. The unique effect due to gender may reflect specific, female concern about violence; note that women in our study tended to report the actors as more threatening overall.

There are several limitations to this study that moderate the significance of our findings. The use of single item-measures for dangerousness, threat, and avoidance does not permit assessment of reliability of the constructs represented by these items. The form of the vignettes yields some difficulties. Future research needs to determine whether a person staring at the ground generates concerns about negative symptoms in respondents. Moreover, the proxy for positive symptoms in this study (speaking incoherently) may lead the research participant into identifying the vignette actor as mentally ill while the proxy for negative symptoms did not. Failure to not identify the latter as mental illness may have artificially decreased ratings of dangerousness, threat, and avoidance.

We decided not to vary the gender of the vignette actor to decrease independent variables that might influence the results. Future research, however, must determine whether these cues lead to similar results in women. There are also demographic concerns about the sample of participants. The sample was highly educated and had few African Americans. Future research needs to attempt to replicate these findings with a sample that is more representative of the population in terms of ethnicity and education.

We assume in this study that positive symptoms and unkempt appearance are the signals for stigma and not vice versa. However, the method used in this study is not able to test questions regarding the di-
rection of the effect. We are not able to rule out that stigmatizing attitudes like dangerousness, threat, and avoidance sensitize people such that they are more likely to perceive positive symptoms and unkempt appearance in others. Future research needs to include a panel design that can test the direction of these affects. This study also included only one of the paths relevant to the stigma of mental illness: danger → threat → avoidance; research has identified other paths among stereotypes, prejudice, and discrimination (Corrigan, Rowan et al., 2002). Future research needs to determine the role of cues in such paths as personal responsibility and incompetence. If validated, this information will be useful to people labeled with mental illness by informing them of the cues that signal their mental illness.

REFERENCES


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