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On Associative Stigma: Implicit and Explicit Evaluations of a Mother of a Child with Autism

Abstract

Individuals with psychiatric problems are subjected to highly damaging stigma. Some research suggests this stigma may extend to associates (e.g., family, friends), who themselves report being devalued, avoided, and rejected. The research literature on associative stigma is largely qualitative, and extant quantitative research has utilized only explicit measures which are notably weakened by self-presentational motives. In the current study, 95 undergraduates were randomized to hear one of two audio recorded vignettes pertaining to a fictional mother of a child with either autism spectrum disorder (ASD) or severe asthma. Participants then completed an Implicit Association Test capturing implicit evaluations of the fictional mother and two separate measures of explicit stigma. No group differences for either explicit measure emerged. However, the predicted group difference in implicit stigma emerged, such that the mother of the child with ASD was evaluated less positively than the mother of the child with severe asthma. Implicit-explicit correlations were not statistically significant but in the small to medium range according to effect size conventions. This study appears to offer the first evidence of implicit associative stigma in the psychiatric domain. It also points to a variety of interesting avenues for further illumination of this potentially important phenomenon.

Keywords

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Disciplines

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Comments

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On Associative Stigma: Implicit and Explicit Evaluations of a Mother of a Child with Autism

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INTRODUCTION

- Individuals with psychiatric problems are subjected to highly damaging “primary” stigma (Corrigan et al., 2006).
- Research suggests this stigma may extend to associates (e.g., friends, family), who themselves report being devalued, avoided, and rejected.
- The research literature on “associative” stigma is largely qualitative, and extant quantitative research has utilized only explicit measures which are notably weakened by self-presentational motives.
- This study explores both explicit and implicit associative stigma using a rigorous experimental design.
- In this study, participants were randomized to hear one of two audio recorded vignettes pertaining to a fictional mother of a child with either autism or severe asthma. The design thus invokes an experimental comparison – a psychiatric problem versus a medical problem – that is widely employed to inform psychiatric stigma (see, e.g., Corrigan et al., 2006; Martin et al., 2007). Subsequent to the vignettes, participants completed an Implicit Association Test (IAT; Greenwald et al., 2003) capturing implicit evaluations of the fictional mother along with a variety of commonly used explicit stigma measures.
- **Hypotheses were as follows. First, implicit attitudes toward the mother of an autistic child would be less positive than implicit attitudes toward the mother of an asthmatic child. Second, consistent with published findings (Corrigan et al., 2006), we expected to find no group differences for our two primary explicit measures, social distance (Link et al., 1987) and a semantic differential measure of stereotyped attitudes (Olmsted & Durham, 1976).**

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METHOD

Participants

- Ninety-five undergraduates participated in the study for course credit.

Materials

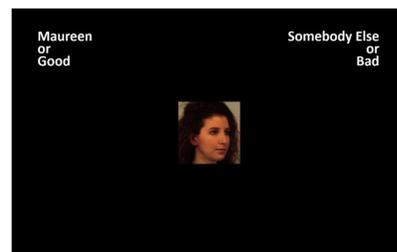
- Participants were randomized to hear one of two audio recorded vignettes (Iobst et al., 2009; Martin et al., 2007) pertaining to a fictional mother (“Maureen”) of a child with either autism or asthma.

AUTISM VIGNETTE



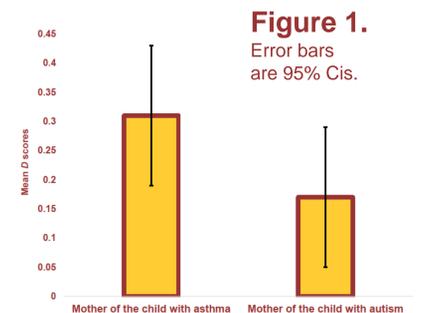
This is Maureen. Maureen’s 10-year-old son, Johnny, has autism. It is difficult for him to make eye contact with others and for him to talk directly to other people. When Johnny talks, he sometimes repeats what others say to him instead of answering the question. Sometimes, it seems like he cannot hear what is said to him, even though his hearing is normal for a child his age. Sometimes Johnny waves his hands around in a flapping motion, spins around, rocks back and forth, or bounces up and down in his chair. Johnny has a hard time changing from one activity to another because change upsets him. When Johnny is upset, he bites his hand and shakes his head back and forth as if he is communicating “no.” Maureen is Johnny’s mother.

- Explicit stigma was indexed primarily using two tools commonly employed in the literature – the Social Distance Scale (Link et al., 1987) and a 12-item semantic differential measure of stereotyped attitudes (Olmsted & Durham, 1976).
- Implicit stigma was indexed using an Implicit Association Test (Greenwald et al., 2003). Participants sorted (a) 10 color photographs depicting “Maureen” and “Somebody else” and (b) words capturing the concepts of “good” and “bad” into categories combining “Maureen” or “Somebody else” with the concepts “good” or “bad.” We computed *D* scores following accepted procedures for the scoring and analysis of IAT data



RESULTS

- **Explicit stigma.** In two separate regression models, social distance and stereotyped attitudes were regressed on age, sex, and experimental group. The overall model predicting social distance was not significant, $F(3, 91) = 0.40, p = .75, R^2 = .01$, nor was the group coefficient, $\beta = 0.02, t = 0.23, p = .82$. Likewise, the overall model predicting stereotyped attitudes was not significant, $F(3, 86) = 0.40, p = .76, R^2 = .01$, nor was the group coefficient, $\beta = -0.06, t = -0.59, p = .56$.
- **Implicit stigma.** IAT *D* scores were regressed on age, sex, and experimental group. The overall model was significant, $F(3, 91) = 3.59, p < .02, R^2 = .11$. In this model, only the group variable emerged as a significant predictor of *D* scores, $\beta = 0.22, t = 2.16, p < .04$. As predicted, **implicit evaluations of the mother of the child with autism (mean *D* = 0.17, *SD* = 0.45) were less positive than implicit evaluations of the mother of the child with asthma (mean *D* = 0.31, *SD* = 0.44).** See Figure 1.
- Correlations of social distance ($r = .15, p = .32$) and stereotyped attitudes ($r = -.23, p = .13$) with IAT *D* scores were modest in size, suggesting that the explicit and implicit measures tap non-overlapping stigma processes.



DISCUSSION

- These results document, using a controlled laboratory design, the associative stigma phenomenon.
- Notably, associative stigma effects emerged only for our implicit measure. It seems likely that explicit measures are relatively insensitive to more subtle forms of stigma like that probably investigated here.
- Implicit measures which tap attitudes less subject to self-presentational manipulation might usefully complement the explicit tools that are commonly administered in most stigma research.
- Implicit-explicit (IE) correlations were modest in size and smaller than IE correlations obtained in other evaluative domains. A number of factors likely converged to suppress the correlations uncovered here (see Nosek, 2007). The large chunk of unshared variance between implicit and explicit evaluations raises some intriguing questions with which psychiatric stigma researchers would be wise to grapple.
- The extent to which implicit stigma predicts key stigma-related outcomes – avoidance, rejection, discrimination, prejudice – is an open question for future work in this area.