6-2011

The Belief in a Just World and Social Dominance Orientation: Relation to Stigma Towards Mental Illness and Ensuing Behavioral Responses

Allison M. Jekogian
Union College - Schenectady, NY

Follow this and additional works at: https://digitalworks.union.edu/theses

Part of the Psychiatry and Psychology Commons

The Belief in a Just World and Social Dominance Orientation: Relation to Stigma

Towards Mental Illness and Ensuing Behavioral Responses

Allison Jekogian

Union College

Abstract

The current study examined the extent to which individual differences predict stigma towards individuals with mental illnesses. It was hypothesized that the more an individual believes in a just world (BJW) and the higher level of social dominance orientation (SDO) one has, the greater negative stigma one will feel towards individuals suffering from mental illnesses. I further hypothesized that these individuals high in BJW and SDO would display lower levels of intention to interact with the stigmatized group in question. Participants completed an online survey, which consisted of the opinions about mental illness scale, the just world scale, the social dominance orientation scale and questions assessing their intent to engage in certain behaviors. While I found no significant correlation between BJW and intention to engage in behaviors, I found SDO and BJW to be significantly correlated with negative stigma. Stigma towards mental illness and SDO were also significantly correlated with the intention to engage in behaviors with these individuals. The present results demonstrated that certain underlying individuals differences are associated with stigma towards individuals with mental illnesses and further go on to correlate with future intentions to engage in behaviors with those stigmatized individuals.

The Belief in a Just World and Social Dominance Orientation: Relation to Stigma

Towards Mental Illness and Ensuing Behavioral Responses

Over the past 30 years, there has been a substantial increase in the amount of research

done pertaining to the topic of stigma. While these studies have mostly focused on the negative

impact that stigma has on the lives of the stigmatized, the actual concept of stigma tends to be

defined very loosely and somewhat differently from investigator to investigator (Link & Phelan

2001). Link and Phelan have defined the term using a compilation of many others' definitions,

which will be employed throughout the entirety of the preset study. They state that stigma is

what results when an individual has a characteristic that differs from a societally selected norm.

Stigma has been found to be associated with any number of groups that display some sort of

difference from the norm. Groups can be stigmatized based on any number of factors some of

which including race, sexuality, or various health conditions such as mental illnesses or

HIV/AIDS (Livingston & Boyd, 2010).

Beyond their definition, Link and Phelan (2001) have also recognized four major

components that constitute stigma. The first component describes stigma as a human

characteristic or trait is socially selected and is recognized as "different." Because of this

differentiation, an individual is *labeled* as a part of the group he or she now belongs to, such as

"black" or "white," "gay" or "straight." Second, this selected trait is associated with some sort

of negative stereotype, and it is assumed (by those harboring stigmatized views) that all

individuals of this group behave or act accordingly to this stereotype. The third aspect of stigma

is that a distinct "in-group/out-group" mentality forms among the "in-group" members, in which

the members of the "in-group" view themselves as separate from the stigmatized "out-group."

The final aspect of stigma proposed by Link and Phelan is that these stigmatized views are

associated with some sort of discrimination. The stigmatized individuals are rejected and excluded and often put at a disadvantage when it comes to job placement, income and education. This discrimination often occurs when "the first three components of stigma (labeling, stereotyping and separating) are perpetuated by a group with more political, cultural, or economic power than the stigmatized group," (Phelan & Basow, 2001.)

Regardless of its root trait or characteristic, stigma will likely affect the targeted individual or groups of individuals in negative ways. Stigma has been shown to be associated with discriminatory practices in both social settings and the workplace. It also has been shown to have strong negative effects on one's personal and psychological well being such as self-confidence and self-esteem (e.g. Quinn & Chaudoir, 2009; Link, Struening, Neese-Todd, Asmussen & Phelan, 2001). In their study, Link et al. (2001) examined the relationship between stigma and self-esteem. Their participants were individuals suffering from mental illness at a psychiatric institution. They assigned participants to either the experimental-intervention group or the control-no intervention group. Members of the intervention group were given a number of stigma coping support sessions, while members of the no intervention group were not (members of the no intervention group were given these same support sessions at a later date following the conclusion of the study). All participants' self-esteem and level of self-perceived stigma were assessed at the start of the study (prior to any intervention), 6 months after the intervention (or lack thereof) and then again at the 24 month mark. Link et al. (2001) found that the level of perceived stigma their participants felt was significantly related to their self-esteem, with those participants who received the stigma coping intervention perceiving lower levels of stigma and accordingly having higher levels of self-esteem than their counterparts in the no intervention group.

The current study will focus on stigma directed towards individuals suffering from mental illness. Research has suggested this is a particularly highly stigmatized group. Stier and Hinshaw (2007) stated that, "although individuals with mental illness suffer from a wide range of negative effects and impairments related to the disorder itself, these outcomes are exacerbated by [the] stigmatization of their illness," (p. 106). It has been shown that others often convey a hesitancy to interact with individuals with mental illness. They also tend to perceive individuals suffering from mental illness as more dangerous and prone to violence. Additionally, research suggests that individuals show a reluctance to form friendships or engage in relationships with these stigmatized individuals (Martin, Pescosolido & Tuch, 2000).

While public knowledge of mental illnesses has greatly increased in the recent years, the stigma that surrounds this group of individuals still exists. In recent years tolerance towards other stigmatized groups has substantially improved, yet stigma towards those with mental illness has remained the same (Stier & Hinshaw, 2007). In attempts to shed light on why perhaps this may be, the present study will provide insight as to what factors may be associated with individuals' likelihood to harbor such negative views towards this stigmatized group. In addition, this study will examine to what extent one's stigma towards individuals with mental illness is related to his or her intention to engage in future behaviors interacting with the stigmatized population in question.

The first factor that the present study will assess is how much the extent to which one believes in a just world is related to having stigma towards individuals with mental illnesses (Rubin & Peplau, 1975). Many people view the world as a just place; that good things come to those who deserve them and bad things to those who do not. There is evidence that shows a link between "wickedness and suffering" in individuals who employ this school of thought,

suggesting that they to some extent believe one's suffering is deserved through their prior

negative or "wicked" actions (Rubin & Peplau, 1975). Individuals who employ this school of

thought believe that people are responsible for the situational outcomes that they receive. In

other words, they believe that regardless of the nature of the outcome, good or bad, it is a result

of some prior action. In their study on mental illness stigma, Rüsch & Todd (2010) examined

just this. Participants completed items assessing their worldviews and a self-report of stigma

towards individuals with mental illness. They specifically assessed two negative components of

this stigma, that people with mental illness are responsible for their condition and that they are

dangerous. They then used the Brief Implicit Association Test (BIAT) to assess implicit views

towards mental illness. They paired either the phrase "mental illness" or "physical disability"

with "guilty" or "innocent," and utilized a corresponding response task where response time was

assessed. They hypothesized that individuals would respond more quickly to the pairing that

matches their internal model of thinking and slower to that which did not. They found that not

only was a stronger belief in a just world related to believing that people suffering from mental

illness were responsible for their condition, but also that this stronger belief in a just world was

related to the implicit pairing of "guilt" with "mental illness.

Individuals throughout history have used just-world rationales to justify their behaviors

towards stigmatized groups. It has been documented that many Germans during WWII felt that

the individuals being sent to concentration camps must have been of an impure race and

therefore warranted their fate (Hallie, 1971 as cited in Rubin & Peplau). The belief in a just

world has also been found to be associated with viewing an individual's physical disability with

some sort of moral deficit, insinuating that their disability is likely a result of the moral deficit

that was assumed in the first place (Goffman, 1963). The current study examines the notion that

in the realm of mental illness, the same heuristic comes into play. It has been found that when comparing individuals whose mental illness was said to arise from biological factors to individuals whose mental illness was said to arise from social factors, people viewed the latter more negatively and felt their illness was a mechanism of punishment for their mistakes (Stier & Hinshaw, 2007). Martin et al. (2000) reported that 31.5% of individuals attribute the cause of mental illness to be due to the person's own "bad character," thus insinuating that because of some negative act or aspect of the person's past this mental illness has arose. If individuals have a strong belief in a just world, they also will likely view individuals with mental illness as having done something or as lacking in some area to deserve their illness. Accordingly, the current study assesses the extent that these individuals who are high in a belief in a just world view individuals suffering from mental illness with more negative stigma than individuals who do not possess their same elevated level of belief in a just world.

The second factor that is associated with stigma towards individuals with mental illness is Social Dominance Orientation (SDO). Research has shown SDO to be associated with negative views towards other stigmatized groups. Von Collani, Grumm and Streicher (2010), used an online questionnaire that assessed participants' attitudes towards individuals with HIV and AIDS. Among the number of traits they looked that could possible influence the participants' attitude towards the population at hand was SDO. They used an abbreviated 8-item SDO scale that focused on group dominance and opposition to equality. Von Collani et al. (2010) found that SDO was significantly correlated with negative attitude and views towards individuals with HIV and AIDS. Yancey (2009) conducted a similar study, which examined personal differences and attitudes towards African Americans. He found again that SDO was a strong predictor of negative views towards the group in question. Pratto, Sidanius, Stallworth and Malle (1994),

defined SDO as the degree to which an individual has the belief that his or her selves and members of their "in-group" dominate and are greater than those who are different than them, commonly known as individuals who are part of what is called an "out-group." Pratto et al. (1994) emphasized that SDO "reflects whether one generally prefers [in-group/out-group] relations to be equal, versus hierarchical," (p. 742). This corresponds directly with Link and Phelan's (2001) third component of stigma; they state that "in-group" "out-group" separations are a crucial aspect of the stigmatization process. If an individual is more likely to make "in-group" "out-group" distinctions, it is likely that he or she will also be more prone to stigmatized feelings towards others. Research has shown that high dominance orientation is often negatively correlated with not only concern for others, but also empathetic behaviors and social tolerance (e.g. Pratto et al., 1994; Phelan & Basow, 2007). In their study, Phelan and Basow (2007) examined the degree that SDO is related to the aforementioned third component of stigma, as defined by Link and Phelan. They discovered that SDO (as expected), "which reflects a general proclivity to separate "in-groups" from "out-groups," was significantly correlated with increased social distance," (p. 2894). As proposed by Link and Phelan (2001), it is this social distance that strongly impacts the formation of stigmatized views and beliefs.

In the present study, the first hypothesis being tested is related to one's belief in a just world. I hypothesized that, the stronger one believes in a just world, the more negative stigma one will have towards individuals with mental illness and the lower level of intent one will have to engage in behaviors dealing with the mentally ill individuals in question. I also hypothesized that the greater an individual's SDO, the more negative stigma he or she will have towards individuals with mental illnesses. This is then expected to correlate with lower levels of intention to engage in behaviors and scenarios dealing with these individuals.

Two pilot studies were first conducted in order to identify items for the behavioral intention portion of the survey. A number of proposed scenarios were tested and the four with their means closest to the midpoint and the most normal distribution were ultimately selected for further use.

Pilot Study 1

Method

Participants

The participants for this study were 51 individuals from the United States. The participants were obtained using the Amazon Mechanical Turk website (Amazon, 2005).

Procedure

The survey was available to participants on the Amazon Mechanical Turk website. It was titled, "A Brief Survey Dealing with Personality". Upon the participants' selection of the survey, they were given 30 minutes to complete it with a compensation of $0.10. All questions were presented one at a time on the computer screen.

The survey consisted of 8 items (Appendix A), which were preceded by instructions telling the participants that they were to rate the statements on a 5-point scale according to how likely/unlikely it was that they would partake in the behaviors presented. The participants were then presented with a screen explaining to them in full detail the purpose of the pilot study and were given a completion code, which they were to enter on the Mechanical Turk website to receive their compensation.

Results

For Pilot Study 1, the means were calculated for each item. The items with a mean closest to the midpoint (3) and the most normal distributions were selected for use in the final

study. Table 1 shows the mean and distribution for the items in the present pilot study. Items 3 and 8 were deemed to be the best by the aforementioned classifications and were included in pilot study two (as items 6 and 7). Because only two items were deemed suitable for further use, there was the need for a second pilot test to identify additional behavioral items for the primary study.

Pilot Study 2

Methods

Participants

The participants were 52 individuals from the United States. The participants were obtained using the Amazon Mechanical Turk website (Amazon, 2005).

Procedure

The survey was available to participants on the Amazon Mechanical Turk website. It was titled, "A Brief Survey Dealing with Personality". Upon the participants' selection of the survey, they were given 30 minutes to complete it with a compensation of $0.10 upon completion. All questions were presented one at a time on the computer screen with answer choices below.

The survey consisted of 10 items (Appendix B), which were preceded by instructions telling the participants that they were to rate the following statements on a 5-point scale according to how likely or unlikely it was that they would partake in the behaviors presented. The participants were then presented with a screen explaining to them in full detail the purpose of the pilot study and were given a completion code, which they were to enter on the Mechanical Turk website to receive their compensation.

Results

The means were calculated for each item. The items with a mean closest to the midpoint (3) and the most normal distributions were selected for use in the final study. Table 2 shows the mean and distribution for the items in the present pilot study. The four items that were selected were items 4, 5, 6 and 9, which were used as the intended behavior statements in the final study.

Primary Study

Methods

Participants

The participants for this study were 280 individuals from the United States. The participants were obtained using the Amazon Mechanical Turk website (Amazon, 2005).

Procedure

The survey was available to participants on the Amazon Mechanical Turk website. It was titled, "A Brief Survey Dealing with Personality". Upon the participants' selection of the survey, they were given 30 minutes to complete it with a compensation of $0.70. All questions were presented one at a time on the computer screen with answer choices underneath them.

The first section of the survey consisted of a set of four statements, which were preceded by instructions telling the participants that they were to rate the statements on a 5-point scale according to how likely or unlikely it was that they would partake in the behaviors presented. The statements selected from the pilot studies were as follows: 1."Consider that your car's brakes needed servicing. How likely is it that you would allow a person with a psychological disorder to repair the brakes on your car?" 2."Consider that you were speaking with a person with a psychological disorder. How likely is it that you would share personal information about your life during the conversation?" 3."Consider that you learned that your child's elementary school teacher has a psychological disorder. How likely is it that you would want to transfer

your child into another class?" 4."Consider that your child was invited to a friend's house to play and you learned that the parent who would be supervising the play-date has a psychological disorder. How likely is it that you would allow your child to go play at that friend's house?"

Following these four questions, the participants were then presented with a second set of instructions, instructing them to rate the statements on their level of agreement or disagreement, again on a 6-point scale. This section consisted of a randomly ordered combination of the Opinions About Mental Illness Scale (Cohen & Struening, 1962) and The Just World Scale (Rubin & Peplau, 1975) totaling 70 items. This section was also interspersed with three additional questions asking participants to choose a specific number from the given answer choices below to ensure that they were answering the questions with the appropriate level of attention.

Following this section, the participants were presented with a third and final set of instructions asking them to rate the statements based on how positively or negatively they viewed them. This section was comprised of the 16-item Social Dominance Orientation scale (Pratto, Sidanius, Stallworth & Malle, 1994)**.** Last, the participants were presented with a screen explaining to them in full detail the purpose of the study and were given a completion code, which they were to enter on the Mechanical Turk website to receive their compensation.

Data Reduction

To calculate participants' intent to engage in behavior scores (IB), the items were coded in the proper direction (item 3 was reverse coded), and scores for all IB items were totaled. IB scores could range from 4 - 20, where higher scores indicating a greater likelihood to engage in the suggested behaviors and lower scores indicating a lower likelihood to engage in the suggested behaviors.

To calculate participants' scores in SDO, the items were again coded in the appropriate direction and scores for all SDO items were totaled. Scores could range from 16 – 96, where higher scores indicated greater levels of SDO and lower scores indicated lower levels of SDO.

Participants' OMI scores were calculated similarly, where all necessary items were coded in the proper direction and scores for each OMI item were totaled. Scores could range from 50 – 300, with higher scores indicating greater levels of stigma towards individuals with mental illness.

The scores for BJW were again coded in the correct direction and totaled for each participant. The scores could range from 1 – 120, where higher scores are indicative of a stronger belief in a just world, and lower scores a lesser belief in a just world.

Results

There was a significant positive correlation between the belief in a just world (BJW) and opinions towards mental illness (OMI, $r = .15$, $p < .05$), as well as social dominance orientation (SDO, $r = .184$, $p < .01$). SDO was significantly, positively correlated with OMI as well as the intention to engage in the suggested behaviors, $r(278) = .479$, $p < .01$. There was also a significant positive correlation between OMI and the intention to engage in the suggested behaviors (IB), $r(278) = .387$, $p < .01$. These correlational coefficients are presented in a matrix in Table 3. The four variables of interest (SDO, BJW, OMI, IB) were largely correlated. This suggests that they are all related and will likely be present in individuals in the predicted direction together.

In order to assess possible mediation, a series of regression analyses were conducted as demonstrated in Figure 1. To assess evidence of a causal pathway, OMI was included in the regression between SDO and IB. In this regression, the beta value of SDO dropped to

nonsignificant (from the initial beta between SDO and IB), thus implying the meditational effect of OMI on SDO. A Sobel test was then conducted and confirmed this mediation to be taking place, ($z = 5.23$, $p < .001$).

Discussion

The present study was designed to examine which individual differences predict stigma towards individuals with mental illness (OMI). I assessed both the belief in a just world (BJW) and social dominance orientation (SDO) (Rubin & Peplau, 1975; Pratto et al. 1944). The results indicated that BJW was significantly correlated with OMI. This indicates, that as hypothesized, participants who have stronger beliefs in a just world have greater negative stigma towards individuals with mental illness than those who have a lower level of BJW. This suggests that as proposed by Rubin and Peplau (1975), perhaps these participants believe to some extent that the stigmatized group at hand in some way deserves or is responsible for their illnesses. The relationship between SDO and OMI was also found to be significant. Participants that had a higher social dominance orientation, meaning that they preferred their "in-group" to dominate other different groups, had more negative stigma towards individuals suffering from mental illness. This supports Link and Phelan's (2001) argument that the social distance created by individuals high in SDO strongly influences the formation of stigmatized views towards others.

Supporting the hypothesis, SDO and OMI were both significantly correlated with intent to engage in behaviors (IB), suggesting that participants who were higher in both SDO and OMI were less likely to show intent to engage with members of the stigmatized group at hand in the factitious situations presented. Although the relationship between BJW and the intent to engage in the presented behaviors was not significant, it still was in the predicted direction with greater BJW positively correlated with less intent.

Implications

There is a wealth of research that focuses on the resulting after-effects of stigma. Stigma, as previously mentioned, can lead to individuals being socially rejected, discriminated in the workplace or just simply disliked by others. However, it is important to consider some of the precursors of stigma, as the present study does. By examining personality variables that influence one's stigma towards others, it sheds light on the reality that stigma is not only a responsive belief to another person's disorder. Instead, that stigma is also a result of the makeup of the individual who is harboring the stigmatized beliefs' personality.

This information could be useful in a number of settings. For example, in jobs in which individuals are responsible for hiring new employees, it may be beneficial to have people in those positions that are low in the personality factors that increase the likelihood of stigmatized beliefs. If individuals in these positions are less likely to have stigmatized views towards others, then perhaps hiring and job placement selection will be done more fairly and objectively. It may also be advantageous to assess teachers and individuals in the field of academia for the personality precursors to stigma as if they are low in those areas they will likely have a more fair and tolerant opinion of all students and will be less likely to form negative stigmatized opinions. It would also be advantageous for therapists or individuals in any helping profession to be low in the above mentioned areas of personality in hopes that it will ensure that they view each client with an accepting unopinionated eye.

The present findings also could be useful for campaigns and initiatives that aim to reduce stigma towards individuals with mental illnesses. By identifying the personal differences that are associated with high levels of stigma, (such as BJW and SDO) and developing interventions that aim to reduce those beliefs, stigma towards individuals with mental illnesses could be

inadvertently reduced as well. There also could be programs developed for school age children that target the above-mentioned personal differences. The programs could aim to modify them accordingly in hopes that the children will adopt beliefs that will be less likely to elicit stigmatized beliefs towards others.

Limitations

Unfortunately, the present study failed to take into account the gender of each participant. As gender has previously been found to be associated with one's level of SDO, the addition of this data could have potentially produced different results. In general, women have lower levels of SDO than men. In the present study, that would in turn predict that women would also have lower levels of stigma towards others (e.g. Foels & Reid, 2010; Foels & Pappas, 2004). I feel that this would undoubtedly strengthen the significance of SDO's correlation with stigma and intent to engage in behaviors at least for the male participants, and perhaps even produce more significant results pertaining to BJW. I suspect that taking gender of the participants into account would also show female participants having overall lower levels of SDO than males, in turn having less negative stigma towards individuals with mental illness and showing greater levels of intention to engage in behaviors involving them.

Assessing the gender of the participants is not the only area that the present study could have improved upon. Previous research has suggested that both the gender of the person harboring stigma and the gender of the stigmatized individual can play a role in others negative views against them. In general, females have been shown to be more accepting of individuals with mental illnesses than are males. It has also been found that females who are suffering from mental illness are more tolerated and viewed less negatively than their male counterparts (Phelan & Basow, 2007). A study by Schnittker (2000) suggested that females with mental illnesses are

not only viewed less negatively than males but people are more willing to interact with those

females than with the males.

Future Directions

As previously mentioned, I feel that that present study could be greatly improved upon if

the demographics of the participants were accounted for and the results separated by gender. An

additional construct that would be interesting to look at, modeled after the work of Schnittker

(2000), is the gender of the hypothetically stigmatized individual in question. If gender of the

stigmatized individual had been taken into account, it would have been interesting to assess if

females suffering from mental illness would have been viewed more positively than their male

counterparts, and if this difference would have been present for both male and female

participants. I suspect that if the hypothetically stigmatized individual was female, participants

would express a greater level of intention to engage in behaviors with her than if the

hypothetically stigmatized individual was male, regardless of participants' levels of SDO, BJW

or OMI.   Including these aspects in a new study would provide us with a better more precise

picture of exactly what influences stigma, that perhaps it is not just certain aspects of personality

but aspects of gender as well.

I feel that it also would be beneficial to examine the ages of participants, along with if

any of them had a mental illness themselves or had a close relationship with an individual

suffering from a mental illness. I feel that future studies that include age of participants would

result in younger participants exhibiting less negative stigma and more intention to engage in

behaviors despite any of their underlying personality characteristics (SDO or BJW), as younger

generations are being brought up in a more open and accepting climate. If it was taken into

account if participants themselves had a mental illness or had a close relationship with an

individual suffering from a mental illness, I feel that they similarly would exhibit less negative stigma and a greater intention to engage in behaviors regardless of the aforementioned related personality qualities. This piece of additional information could be used to separate these participants and exclude their data from further calculations, as their views towards individuals with mental illnesses would likely not correspond with their personality characteristics.

Conclusions

In the present study, levels of one's BJW and SDO are related to the amount of stigma that they attribute to other groups, specifically individuals suffering from mental illness. Stigma as well as SDO is significantly associated with intent to engage in behaviors with the stigmatized group in question. By better understanding factors that are related to individuals' stigma towards others, particularly individuals with mental illnesses, steps can be taken to hopefully reduce stigma by targeting those beliefs. If these stigmatized groups can be viewed in a more favorable light, then hopefully people will be more willing and likely to interact with them and separation between different groups can be slowly eliminated.

References

Amazon. (2005). *Amazon Mechanical Turk.* Retrieved from
        https://www.mturk.com/mturk/welcome.

Cohen, J., Struening, E. L. (1962) Opinions about mental illness in the personnel of two large
        mental hospitals. *Journal of Abstract and Social Psychology.* 64(5), 349-   360.

Foels, R., Reid, L. D. (2010). Gender differences in social dominance orientation: The role of
        cognitive complexity. *Sex Roles.* 62(9-10), 684-692.

Foels, R., Pappas, C. J. (2004). Learning and unlearning the myths we are taught: Gender and
        social dominance orientation. *Sex Roles.* 50(11-12), 743-757.

Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity.* Englewood Cliffs, NJ:
        Prentice-Hall.

Link, B. G., Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology.* 27, 363-
        385.

Link, B. G., Struening, E. L., Neese-Todd, S., Asmussen, S., Phelan, J. C. (2001). Stigma
        as a barrier to recovery: The consequences of stigma for the self-esteem of people with
        mental illnesses. *Psychiatric Services.* 52, 1621 – 1626.

Livingston, J. D., Boyd, J. E. (2010). Correlates and consequences of internalized stigma for
        people living with mental illness: A systematic review and meta-analysis. *Social Sciences
        and Medicine.* 71(12), 2150-2161.

Martin, J. K., Pescosolido, B. A., Tuch, S. A. (2000). Of fear and loathing: The role of
        'disturbing behavior,' labels, and casual attributions in shaping public attitudes toward
        people with mental illness. *Journal of Health and Social Behavior.* 41(4), 208-223.

Phelan, J. E., Basow, S. A. (2007). College students' attitudes toward mental illness: An
        examination of the stigma process. *Journal of Applied Social Psychology.* 37(12), 2877-
        2902.

Pratto, F., Sidanius, J., Stallworth, L. M., Malle, B. F. (1994). Social dominance orientation: A
        personality variable predicting social and political attitudes. *Journal of Personality and
        Social Psychology.* 67(4), 741-763.

Quinn, D. M., Chaudoir, S. R. (2009). With a concealable stigmatized identity: The impact of
        anticipated stigma, centrality, salience, and cultural stigma on psychological distress and
        health. *Journal of Personality and Social Psychology.* 97(4), 634-651.

Rubin, Z., Peplau, L. A. (1975). Who believes in a just world? *Journal of Social Issues.* 31(3),
        65-89.

Rüsch, N., Todd, A. R. (2010). Do people with mental illness deserve what they get? Links between meritocratic worldviews and implicit versus explicit stigma. *Eur. Arch. Psychiatry Clinical Neuroscience.* 260, 617-625.

Schnittker, J. (2000). Gender and reactions to psychological problems: An examination of social tolerance and perceived dangerousness. *Journal of Health and Social Behavior.* 41(2), 224-240.

Sidanius, J., Sinclair, S., Pratto, F. (2006). Social dominance orientation, gender, and increasing educational exposure. *Journal of Applied Social Psychology.* 36(7), 1640-1653.

Stier, A., Hinshaw, S. P. (2007). Explicit and implicit stigma against individuals with mental illness. *Australian Psychologist.* 42(2), 106-117.

Von Collani, G., Grumm, M., Streicher, K. (2010). An investigation of the determinants of stigmatization and prejudice toward people living with HIV/AIDS. *Journal of Applied Social Psychology.* 40(7), 1747-1766.

Yancey, G. (2009). Crossracial differences in the racial preferences of potential dating partners: A test of the alienation of African Americans and social dominance orientation. *The Sociology Quarterly.* 50, 121-143.

Table 1

Item Means and Distributions of Pilot Study 1

		Response Choices				
Item	Mean	1	2	3	4	5
1	2.5	7	25	6	12	1
2	2.7	10	18	9	2	12
3	**3.1**	2	16	12	12	9
4	3.8	0	5	13	19	14
5	3.9	3	8	4	14	22
6	2.5	9	23	6	10	3
7	2.2	14	25	3	6	3
8	**3.1**	4	15	11	14	7

Note. Bold means are items that were deemed appropriate for further use.

        1 = Very Unlikely, 5 = Very Likely

Table 2

Item Means and Distributions of Pilot Study 2

		Response Choices				
Item	Mean	1	2	3	4	5
1	2.9	6	21	6	12	6
2	3.2	7	10	11	13	11
3	3.3	6	14	7	11	14
4	**2.8**	9	21	4	8	10
5	**3.0**	9	17	5	9	12
6	**3.1**	9	11	8	17	7
7	2.4	17	19	2	5	9
8	3.5	4	14	7	10	17
9	**3.2**	5	16	7	13	11
10	3.1	10	11	9	13	9

Note. Bold means are items that were deemed appropriate for further use.

1 = Very Unlikely, 5 = Very Likely

Table 3

Correlation Matrix Between Social Dominance Orientation (SDO), Belief in a Just World (BJW), Opinions About Mental Illness (OMI) and Intention to Engage in Behaviors (IB)

	SDO	BJW	OMI	IB
SDO	-	.184**	.479**	.161**
BJW	-	-	.153*	.011
OMI	-	-	-	.387**
IB	-	-	-	-

Note. * p < .05, ** p < .01

Figure 1. Path analysis between social dominance orientation (SDO), opinions about mental

illness (OMI) and intention to engage in behaviors (IB).

β= .479
p = .000

β= .387
p = .000

β (direct)= .161/ β (with OMI included) = -.031
p = .007/ p = .618
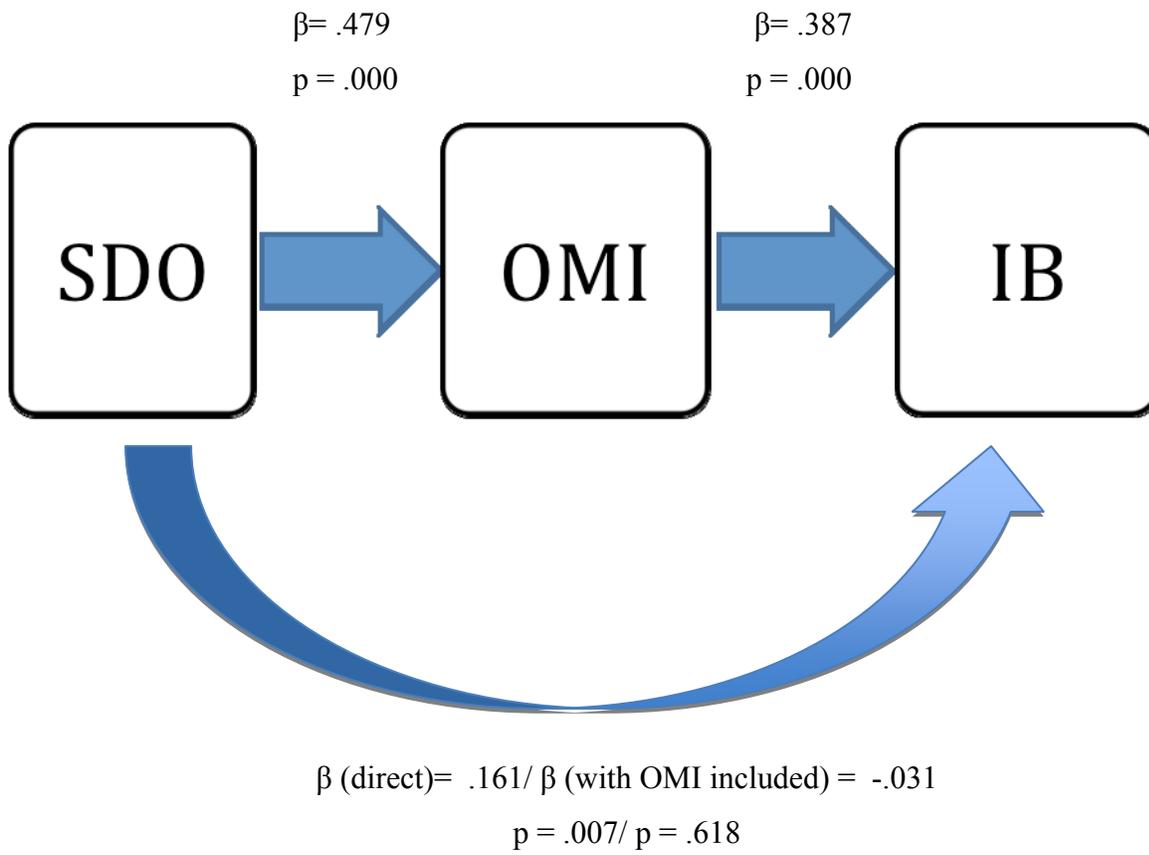
APPENDIX A (pilot study 1)

1. Consider that a person with a psychological disorder, who was otherwise fully competent, applied for a job. How likely is that that you would hire that person, if he or she was the most competent?

2. Consider that you were asked to vote on the proposition of a small increase in the state sales tax that would provide support to individuals with psychological disorders in need of care. How likely it is that you would vote in favor of this tax?

3. Consider that you were speaking with a person with a psychological disorder. How likely is it that you would share personal information about your life during the conversation?

4. Consider that a friend needed a babysitter for their child. How likely is it that you would recommend an individual to baby sit who, even though qualified in every other realm, has a psychological disorder?

5. Consider that you needed someone to babysit your child. How likely is it that you would allow an individual to baby sit who, even though totally qualified in every other realm, has a psychological disorder?

6. Consider that you employed a person with a psychological disorder. How likely is it that you would trust them in a position in which they handled money?

7. Consider that you had to complete a project for work or school in a team and you were in charge of choosing team members. How likely is it that you would choose someone to be a part of your team, who you felt was competent for the task otherwise, even though he or she has a psychological disorder?

8. Imagine that you learned that your child's elementary school teacher has a psychological disorder. How likely is it that you would want to transfer your child into another class?

APPENDIX B (pilot study 2)

1. Consider that you were adopting a child, how likely is it that you would go through with the adoptions if you found out that one of his or her birth parents has a psychological disorder?

2. Consider that you were on your way to the airport and needed a taxi. How likely is it that you would let a taxi driver with a mental disorder drive you to the airport?

3. Consider that you were voting for the mayor of your city or town and found out that the candidate that you previously were in favor of has a psychological disorder. How likely is it that you would still vote for this candidate despite finding out this piece of information?

4. Consider that your car's brakes needed servicing, how likely is it that you would allow a person with a psychological disorder to repair the brakes on your car?

5. Consider that you were speaking with a person with a psychological disorder. How likely is it that you would share personal information about your life during the conversation?

6. Consider that you learned that your child's elementary school teacher has a psychological disorder. How likely is it that you would want to transfer your child into another class?

7. Consider that you owned a restaurant and were looking to hire a new server, a position that requires much client interaction. How likely is it that you would hire a server who has a psychological disorder, if he or she was the most competent?

8. Consider that you were about to board a plane and you learn that your pilot has a psychological disorder. How likely is it that you would board your scheduled flight and trust this pilot to safely fly the plane?

9. Consider that your child was invited to a friend's house to play and you learned that the parent who would be supervising the play-date has a psychological disorder. How likely is it that you would allow your child to go and play at that friend's house?

10. Consider a family member with a psychological disorder offered to watch your child for you. How likely is it that you would allow them to do so?