The Effect of Disclosed Personal Information on Impression Formation

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This study measured the effect of disclosed personal information on impression formation. Eight male and 23 female undergraduate students ranging in age from 18 to 41 were randomly assigned to read one of three descriptions of a hypothetical student who was either healthy, battling cancer, or HIV positive. It was hypothesized that participants would be less willing to accept the hypothetical student as a friend when a serious illness was present. Contrary to prediction, no significant difference in self-reported acceptance was found as a function of the health status of the hypothetical student. These results do not support the behavioral model which explains variation between stigmatized and non-stigmatized diseases.

Individuals with serious illnesses have many obstacles to overcome, such as stress, poor body image, financial troubles, physical discomfort, etc. Another major issue these individuals often face is the negative stigma of their illness and some degree of social isolation and rejection (Berrenberg, Finlay, Stephan, & Stephan, 2002). Disease-related stigma occurs when individuals with an illness are considered undeserving of help and support from society (Schulte, 2002). There have been many studies on disease-related stigma, and evidence suggests that serious illnesses elicit negative attitudes and stereotyping towards the afflicted individual (Berrenberg et al.).

Several theories have been used to explain how individuals with illnesses are stigmatized. Schulte (2002) suggests that theories about disease-related stigma can be classified in two categories: the behavioral model and the cultural conflict model. The behavioral model explains variation in stigmas by examining the differences between stigmatized and non-stigmatized diseases, giving particular attention to behavioral responsibility of the afflicted (Schulte). An example of this perspective is the attribution theory developed by Weiner, Perry, and Magnusson, which explains that diseases which are in most cases preventable are defined as “onset-controllable” and evoke more blame, anger, and a reduced pro-social response than diseases defined as “on-set-uncontrollable” (as cited in Schulte).

In contrast to the behavioral model, the cultural conflict model focuses on individual differences that may influence the observers’ willingness to stigmatize instead of making comparisons between different stigmatized diseases or afflictions (Schulte, 2002). For example, using the cultural conflict model, HIV/AIDS related stigma is observed by examining the association between attitudes about persons with AIDS and attitudes about gays and lesbians (Schulte). Approximately one fourth of the respondents to the Los Angeles Times polls consistently agreed that “AIDS is a punishment God has given homosexuals for the way they live” (Herek & Glunt, 1998). Herek and Capitanio (1997) have repeatedly found an association between AIDS-related stigma and attitudes about gay men, thus linking stigma with the social and political beliefs of the observers (Schulte).

The stigma associated with cancer is thought to be driven by fear. Interaction with individuals with cancer reminds others of their own vulnerability, especially if the afflicted happens to be a young individual (Fife & Wright, 2000). In a study of school experiences of children with cancer, Chesler and Barbarin (1986) found the afflicted children would often be teased by other classmates because of their appearance. One set of parents commented that their child was treated like a leper and remarks were made to him that he was going to die (Chesler & Barbarin, 1986).

In the following study, HIV and cancer are investigated because they are both life threatening diseases; however, they differ considerably in other ways. On the one hand, cancer is a non-contagious disease which is often the result of hereditary or environmental factors, and it is not necessarily fatal. HIV on the other hand, is a contagious disease, frequently the result of risky behavior, and is more life threatening. There are, however, some exceptions to the causes of both of these illnesses. For example, cancer may be the result of smoking cigarettes for several years. In this particular circumstance, blame can be placed on the...
individual because it is common knowledge that smoking tobacco is directly related to lung cancer. Also, HIV/AIDS may be the consequence of unprotected intercourse and drug abuse; however, some cases of HIV/AIDS can be traced to a contaminated transfusion, which is of no fault to the afflicted but a result of inadequate blood screening procedures.

The purpose of this study is to examine participants’ attitudes and social intentions towards a hypothetical college student who is either battling cancer, is HIV positive, or is in good health. It is hypothesized that participants will be less likely to accept this hypothetical student as a friend if he has a disease in comparison to being healthy. It is also believed that the type of illness will play a significant role in the participant’s decision of how close they are willing to get to the afflicted student.

Method

Participants

The participants were 8 male and 23 female undergraduate students ranging in age from 18 to 41, with a mean age of 20.5 and a standard deviation of 4.08. Two participants were excluded from the study because they had failed to provide the required demographic information such as age, gender, and cultural background.

Materials

Two flyers were posted on bulletin boards in the Psychology Department on campus announcing the need for thirty students to participate in a study investigating the effect of disclosed personal information on impression formation. When the participant arrived at the specified location, he or she chose a folder at random containing one of three descriptions of a hypothetical college student. After reading the description, participants were instructed to answer six questions about the hypothetical student, and provide their own demographic information (age, gender, and cultural background). They were informed that their answers were completely anonymous and they could leave at any time without penalty. Several students received credit in an introductory psychology class for participating in the study.

Procedure

The descriptions involved an undergraduate student named Jeff who is majoring in psychology. The only difference among descriptions was Jeff’s health status. In the control condition, Jeff is described as a very healthy individual. However in the two experimental conditions, Jeff has either been battling cancer for the past three months or is HIV positive. In both the cancer and HIV conditions, it was stated that Jeff does not let his illness/diagnosis interfere with his social life and responsibilities. After reading the brief description of the hypothetical student (Appendices A, B, and C), participants completed the questionnaire on the back side of the paper (Appendix D). The first three questions asked the participant for his or her own demographic information (age, gender, and cultural background). The other six questions were designed to measure participants’ attitudes towards the hypothetical student, including how willing they were to accept Jeff as their friend. Willingness was rated on a six-point scale from (1) not willing to (6) very willing. Participants were asked if they believed Jeff had many friends. Popularity was rated on a six-point scale from (1) not having many friends to (6) having many friends. Participants were also asked if they believed Jeff would make a good boyfriend. Relationship potential was rated on a six point scale from (1) would not make a good boyfriend to (6) would make a good boyfriend. To check the effectiveness of the manipulation, participants were asked if they believed Jeff was a healthy individual. Health was rated on a six point scale from (1) not very healthy to (6) very healthy. The questionnaire also contained items designed to mask the true purpose of the study, such as how successful participants believed Jeff will be in the future.

Results

A one-way ANOVA evaluated if the presence of a serious illness affected willingness to accept the afflicted as a friend. Participants were randomly assigned to read one of three descriptions about a hypothetical student who was either HIV positive ($N = 10$), battling cancer ($N = 11$), or healthy ($N = 10$) and were asked to answer questions about the student based on a scale from one to six. Four different categories were measured including the manipulation check, the willingness to accept Jeff as a friend, perceived popularity, and relationship potential. The means and standard deviations for each analysis are presented in Table 1.

Table 1

<table>
<thead>
<tr>
<th>Acceptance Measure</th>
<th>Control $M$</th>
<th>Cancer $M$</th>
<th>HIV $M$</th>
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</thead>
<tbody>
<tr>
<td>Willingness to accept as friend</td>
<td>4.80</td>
<td>5.36</td>
<td>4.70</td>
</tr>
<tr>
<td>Perceived popularity</td>
<td>5.20</td>
<td>5.36</td>
<td>5.10</td>
</tr>
<tr>
<td>Relationship potential</td>
<td>4.30</td>
<td>5.00</td>
<td>3.40</td>
</tr>
<tr>
<td>Health status</td>
<td>4.80</td>
<td>2.82</td>
<td>2.60</td>
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Manipulation Check on Health Status

The perceived health ratings were analyzed to check the value of the manipulation. The analysis revealed that the manipulation was effective, $F (2, 28) = 6.98, p = .003$. A Tukey’s B post hoc test showed that participants perceived the hypothetical student to
be healthier in the control condition than in the cancer or the HIV conditions.

**Ratings of Willingness to Accept Student as Friend**

Whether the hypothetical student was healthy, battling cancer, or HIV positive, there was no significant effect on the willingness of the participants to accept the individual as a friend, $F(2, 28) = 0.28, p > .05$.

**Ratings of Perceived Popularity**

The analysis showed no significant effect of health status on the perceived amount of friends, $F(2, 28) = 0.35, p > .05$. In general, participants believed the hypothetical student to have many friends, regardless of whether the student was healthy, battling cancer or HIV positive.

**Ratings of Relationship Potential**

The analysis revealed a significant effect on the participants’ opinion of whether or not he would make a good boyfriend, $F(2, 28) = 8.36, p = .001$. A Tukey’s B post hoc test indicated participants poorly rated the hypothetical HIV positive student. There was no significant difference between the ratings in the control or cancer condition.

**Discussion**

The results from this study did not support the prediction that participants would be less willing to accept the hypothetical student as a friend if a serious illness was present. Whether the hypothetical student was battling cancer or HIV positive, the participants were just as willing to accept him as a friend than if he was in excellent health. Participants also believed that the student was well liked and had many friends, regardless of his health status.

Although the participants rated the student with HIV more poorly than the cancer or control conditions, these differences were not large enough to be considered significant. Past research following the cultural conflict model has successfully linked HIV/AIDS-related stigma with the social and political attitudes of the observers (Schulte, 2002). Herek and Glunt (1988) found that there is a strong association between AIDS-related stigma and homophobia; however, there is no mention of the hypothetical student’s sexual orientation in the descriptions, which may explain why there was no significant difference in acceptance ratings among conditions.

Although no significant effect was found between the health status of the hypothetical student and the willingness to accept him as a friend, there was a significant effect of health status on relationship potential. In general, participants felt the hypothetical student would not make a good boyfriend when he was HIV positive. Perhaps this is because HIV is a contagious, life threatening disease, although there is no way of knowing precisely why the participants rated the student with HIV so poorly.

Perhaps the participants were more accepting of the hypothetical student when battling cancer as opposed to being HIV positive due to the student’s responsibility. Previous research following the behavioral model has shown that diseases which are preventable evoked more blame and anger than diseases such as cancer which, in many cases, is not preventable (Schulte, 2002). However, this is difficult to determine because in both of the experimental conditions it was not known to the participant how the hypothetical student became infected with HIV or which type of cancer he is fighting. For instance, if Jeff contracted HIV due to injection drug use, or developed lung cancer as a result of smoking cigarettes, the social intentions of the participants may have been significantly different. Future research should investigate whether personal responsibility plays a significant role in the acceptance and attitudes towards the afflicted.

**References**


**Appendix A**

**Description of Healthy Student (Control)**

Jeff is a junior majoring in psychology at Western Connecticut State University (WCSU). He plans on becoming a school psychologist because he wants to work with children. He works at a local daycare, and is very well liked by all the kids, as well as their parents. He is an active member the National Society of
Collegiate Scholars (NSCS) and has remained on the Deans list for the past two years. He enjoys going on dates, hanging out with friends, and meeting new people. He is also very close to his family and goes home every other weekend to spend time with his parents and little brothers. His hobbies include cooking, fishing, camping, and swimming.

Appendix B

Description of Student with Cancer

Jeff is a junior majoring in psychology at Western Connecticut State University (WCSU). He plans on becoming a school psychologist because he wants to work with children. He works at a local daycare, and is very well liked by the kids, as well as their parents. He is an active member the National Society of Collegiate Scholars (NSCS) and has remained on the Deans list for the past two years. He enjoys going on dates, hanging out with friends, and meeting new people. He is also very close to his family and goes home every other weekend to spend time with his parents and little brothers. His hobbies include cooking, fishing, camping, and swimming. He has been battling cancer for the past three months, however he does not let his illness interfere with his responsibilities or his social life.

Appendix C

Description of Student with HIV

Jeff is a junior majoring in psychology at Western Connecticut State University (WCSU). He plans on becoming a school psychologist because he wants to work with children. He works at a local daycare, and is very well liked by the kids, as well as their parents. He is an active member the National Society of Collegiate Scholars (NSCS) and has remained on the Deans list for the past two years. He enjoys going on dates, hanging out with friends, and meeting new people. He is also very close to his family and goes home every other weekend to spend time with his parents and little brothers. His hobbies include cooking, fishing, camping, and swimming. Recently, Jeff was told he was HIV positive, however he does not let his diagnosis interfere with his responsibilities or his social life.

Appendix D

Questionnaire:

1. Age:______
2. Gender: M____ F___
3. Cultural Background (check one):
   _____Caucasian    _____African American
   _____Asian       _____Hispanic
   _____Native American _____Other (please specify)

Please answer questions 4-9 using the six-point scale below.

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<th>4</th>
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<tbody>
<tr>
<td></td>
<td>Definitely Not</td>
<td>Definitely Yes</td>
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4. _____Do you think Jeff will be successful in the future?
5. _____Do you think Jeff has many friends?
6. _____Do you think you might like to be Jeff’s friend?
7. _____Do you think Jeff would make a good boyfriend?
8. _____Do you think Jeff is well liked by his peers?
9. _____Do you think Jeff is a healthy individual?