



Kent Academic Repository

Douglas, Karen and Sutton, Robbie M. (2011) *Constructive or cruel? Positive or patronizing? Reactions to expressions of positive and negative stereotypes of the mentally ill*. *British Journal of Psychology*, 102 . pp. 97-107. ISSN 0007-1269.

Downloaded from

<https://kar.kent.ac.uk/26145/> The University of Kent's Academic Repository KAR

The version of record is available from

<https://doi.org/10.1348/000712610X503339>

This document version

UNSPECIFIED

DOI for this version

Licence for this version

UNSPECIFIED

Additional information

Versions of research works

Versions of Record

If this version is the version of record, it is the same as the published version available on the publisher's web site. Cite as the published version.

Author Accepted Manuscripts

If this document is identified as the Author Accepted Manuscript it is the version after peer review but before type setting, copy editing or publisher branding. Cite as Surname, Initial. (Year) 'Title of article'. To be published in *Title of Journal* , Volume and issue numbers [peer-reviewed accepted version]. Available at: DOI or URL (Accessed: date).

Enquiries

If you have questions about this document contact ResearchSupport@kent.ac.uk. Please include the URL of the record in KAR. If you believe that your, or a third party's rights have been compromised through this document please see our [Take Down policy](https://www.kent.ac.uk/guides/kar-the-kent-academic-repository#policies) (available from <https://www.kent.ac.uk/guides/kar-the-kent-academic-repository#policies>).

Constructive or cruel? Positive or patronizing? Reactions to expressions of positive and negative stereotypes of the mentally ill

Karen M. Douglas, Robbie M. Sutton

University of Kent

Word count (exc. figures/tables/abstract/references): 4050

*Requests for reprints should be addressed to Karen M. Douglas, Department of Psychology, University of Kent, Canterbury, Kent, CT2 7NP, United Kingdom (e-mail: k.douglas@kent.ac.uk).

Acknowledgments: The authors acknowledge the financial support of the Economic and Social Research Council (RES-000-22-2540). The authors also thank Samantha Blake and Gemma Wood for their assistance with data collection.

Uncorrected manuscript

Abstract

The conditions under which people accept or reject stereotypes of the mentally ill may shed light on the conditions necessary for effective anti-discrimination campaigns. In the current study, participants responded to positive or negative stereotypes of the mentally ill voiced by either someone who has, or has not, suffered from a mental illness. Participants were more sensitive, agreed less, and evaluated the speaker less favourably when comments came from the outgroup rather than the ingroup source. Although effects were stronger for negative comments, participants also responded less favourably to positive comments from the outgroup source. These reactions were mediated by the perceived constructiveness of the speaker's motives. Implications for the effectiveness of anti-discrimination campaigns are discussed.

Constructive or cruel? Positive or patronizing? Reactions to expressions of positive and negative stereotypes of the mentally ill

Patients suffering from a mental illness are routinely categorized, stereotyped, stigmatized, discriminated against and rejected by others (Davies, 1998; Feldman & Crandall, 2007). Negative reactions such as these can exacerbate the experience of mental illness, often resulting in feelings of shame and disgrace which can impair recovery (Corrigan, 2007; Pitre, Stewart, Adams, Bedard & Landry, 2007) or even prevent patients from seeking treatment at all (Ben-Porath, 2002; Britt, Greene-Shortridge, Brink, Nguyen, Rath, Cox, Hoge & Castro, 2008; Teachman, Wilson & Komarovskaya, 2006). Indeed, it has been said that popular understanding of mental illness, and social responses, may determine the long-term prognosis of patients suffering from mental illness independently of any recourse to medical treatment (Corrigan, 2007).

Popular understanding of mental illness is largely driven by stereotypes (Corrigan, Watson & Barr, 2006; Teachman et al., 2006; Reinke, Corrigan, Leonhard, Lundin & Kubiak, 2004; see also Hamilton & Sherman, 1994; Oakes, Haslam & Turner, 1994). In Britain, recent campaigns to de-stigmatize mental illness have targeted common stereotypes of disorders such as schizophrenia, dementia, panic attacks, eating disorders, alcoholism and drug addiction (Crisp, Gelder, Rix, Meltzer & Rowlands, 2000). Advertisements, videos, pamphlets and websites designed to encourage people to reconsider their attitudes concerning mental illness were launched by the Royal College of Psychiatrists in 2002 and are ongoing. This is a common strategy in campaigns against discrimination of the mentally ill (e.g., BBC, 2002; Naylor, Cowie, Talameli & Dawkins, 2002), underscoring the importance of stereotypes in perpetuating the stigmatization of these groups.

However, the effectiveness of such campaigns remains unclear (e.g., Boysen and Vogel, 2008; Luty, Umoh, Sessay, Sarkhel, 2007; NIMHE, 2004). In particular, the conditions under which the public are likely to accept or reject positive messages about people suffering from mental

illness remain to be investigated. For example, is positive information more powerful coming from a person with first-hand experience of mental illness, or coming from a health service official? Likewise, it is unclear how likely people are to accept or reject negative stereotypical information in the first instance. For example, do negative stereotypes have less impact if they are spoken by someone with no experience of mental illness? Or, are people likely to endorse negative stereotypes if they come directly from within the group? This issue is the focus of the current research. In our study, we investigate the impact of positive and negative stereotypes, and message source, on reactions to comments made about the mentally ill. Knowledge of the conditions under which people accept positive and negative information may inform public campaigns to promote positive attitudes and defuse negative attitudes towards sufferers of mental illness.

Research on the Intergroup Sensitivity Effect (ISE; Hornsey, Oppes & Svensson, 2002) provides the starting point for our investigation. In a series of experiments, Matthew Hornsey and colleagues (Hornsey et al., 2002; Hornsey & Imani, 2004; Hornsey, Trembath & Gunthorpe, 2004; see also Elder, Sutton & Douglas, 2005; O'Dwyer, Berkowitz & Alfeld-Johnson, 2002; Sutton, Elder & Douglas, 2006) have examined insiders' reactions to positive and negative comments about their groups. Specifically, Hornsey and colleagues (2002) presented participants with positive and negative statements about groups to which their participants belonged (e.g., Australians) and varied the apparent source of the comments – these were attributed to either ingroup members (e.g., Australians) or outgroup members (e.g., the British). Results revealed that negative comments elicited greater sensitivity, lower agreement and harsher evaluations of the speaker when they came from an outgroup as opposed to an ingroup speaker. However, the source of the message did not influence participants' reactions to positive comments, suggesting that the ISE is not simply an artifact of ingroup favouritism.

In principle, negative comments can be accurate and helpful regardless of the source. Indeed, criticism can help groups identify and correct their weaknesses (Janis, 1982; Nemeth & Owens, 1997). However, criticizing a group may heighten tension and conflict between groups (Bourhis, Giles, Leyens & Tajfel, 1979). For the speaker him/herself, openly expressing negative judgments about a group may also attract unwanted accusations of prejudice (Mae & Carlston, 2005). It is therefore logical that recipients of comments about their groups will use cues such as the group membership of the speaker in deciding whether to accept or reject their comments. As Hornsey and colleagues argue, criticisms coming from within the group, however painful, can be useful. On the other hand, criticism of one's group from the outside is likely to be seen as an attack. So, in attributing positive motives to the ingroup and negative (biased) motives to the outgroup, group members are less likely to accept negative comments, however constructive, if they come from an outsider. This strategy is entirely consistent with the desire to protect one's group from external threats as is proposed by social identity theory (Maass, Milesi, Zabbini & Stahlberg, 1995; Tajfel & Turner, 1986). Other findings add further support this argument. Specifically, Hornsey et al. (2004) found that the perceived constructiveness of an ingroup speaker's motives drives the preference for internal versus external criticism (see also Sutton et al., 2006).

However, the ISE has been found to extend beyond groups of which the recipient of the comments is a member (Sutton et al., 2006). Specifically, 'bystanders' who are not themselves members of the groups being spoken of, are also sensitive to negative, stereotypical criticisms made about groups by outsiders. British participants were presented with criticisms of Australians either from an ingroup (Australian) or outgroup (e.g., American) source. Findings indicated that participants reacted unfavourably to negative comments coming from outside the criticized group, but much less so when the critic was Australian. In a further study, Sutton, Douglas, Elder and Tarrant (2007) showed that the size of the ISE was the same whether participants responded to

criticism of their own, or other national groups (Spanish or Chinese). These results suggest that sensitivity to comments made about groups, in addition to being driven by social identity concerns for ‘insiders’, can also arise from concerns over the violation of social conventions in general. Expectations about politeness (Brown & Levinson, 1987), accuracy (Grice, 1975) and absence of malice (Ekman, 2001) may be significant concerns for recipients of comments who have no vested interest in the group being talked about.

Social conventions about ‘what can be said’ and ‘who can say what’ about groups may be particularly important in the case of talking about mental illness. As a group whose long-term prognosis largely depends upon the treatment of others and the perceptions of the general public (Corrigan, 2007; Pitre et al., 2007), comments made by others may play an important part in predicting long-term outcomes for the group. It is therefore important to consider the conditions under which people accept or reject comments about the mentally ill. Also, when making comments about people suffering from mental illness, speakers may need to be particularly careful to avoid sanctions against making inappropriate or ‘politically incorrect’ comments about this normatively-protected group (Byrne, 2000). It is highly likely that recipients will make different attributions about the speaker depending on who they are, and what they said.

We argue that social convention should influence how comments about the mentally ill are received, in much the same way as has been found in previous research (Sutton et al., 2006). Specifically, we predict that while people should be sensitive to negative comments about the mentally ill coming from people who have never suffered from a mental illness, similar comments should be seen as less offensive or threatening, and thus elicit less sensitivity, when they come from someone who *has* suffered a mental illness. Also, negative comments should influence evaluations of the speaker. While negative comments should elicit less favourable personality evaluations overall (cf. Mae & Carlston, 2005), negative comments made from an outsider should elicit less

favourable personality evaluations than comments from an insider. Finally, we hypothesize that the source of negative comments should predict agreement with those comments (Sutton et al., 2006). Negative comments made by an outsider should elicit less agreement than when the comments come from within the target group. We predict that these reactions will be mediated by the extent to which the comments are perceived as constructive (Hornsey et al., 2004; Sutton et al., 2006).

For positive comments, our predictions are more speculative. According to previous work (e.g., Hornsey et al., 2002; Sutton et al., 2006), one would expect no difference in sensitivity, personality evaluations or agreement whether it is an insider or outsider who makes positive comments. In previous research, source has not influenced reactions to positive comments. We would therefore expect an overall interaction between source of comments (positive/negative) and valence of comments (positive/negative), such that source influences reactions to negative comments, but not positive comments. However, because of the stigmatizing nature of mental illness the source of positive comments may matter. Indeed, some campaigns to de-stigmatize mental illness feature positive comments from people (famous or otherwise) who have suffered from mental illness, such as the ‘rethink’ campaign operated by the National Schizophrenia Fellowship in Britain. The implicit assumption here is that positive comments coming straight from within the stigmatized group itself will have a positive impact on public attitudes.

Of course, there is also the possibility that positive comments from *outside* the group will appear patronizing or condescending. For example, overly positive comments and language use directed at the elderly in care settings can be perceived as patronizing and belittling (e.g., Balsis & Carpenter, 2005; Hummert & Mazloff, 2001). Further, benevolently sexist remarks can seem positive and inoffensive on the surface but can appear patronizing to women and impair their performance on cognitive tasks (e.g., Dardenne, Dumont & Bollier, 2007). Also, overtly positive comments coming from an outsider may arouse suspicion of the speaker’s ulterior motives. As a

result, perceivers such as bystanders in interpersonal contexts may view the speaker as dislikable and 'slimy' (Vonk, 1998). For these reasons, we might therefore also expect positive comments to be accepted more favourably from within the group than from outside the group. Because these evaluative concerns are related to whether the speaker is genuinely trying to support the mentally ill or has some ulterior motive, we also expect this effect, if it occurs, to be mediated by the perceived constructiveness of the comments.

In the present study, we therefore tested whether undergraduate students prefer positive and negative comments about the mentally ill to originate from someone who has suffered a mental illness rather than someone who has not. Participants read an interview excerpt in which an ingroup or outgroup speaker made positive or negative comments about people who suffer from mental illnesses such as schizophrenia. After reading the excerpt, participants were asked to complete a series of questions examining their sensitivity to the comments, their evaluations of the speaker, their agreement with the comments, the perceived fairness of the comments, and perceived constructiveness of the comments.

Method

Participants and Design

One hundred and one British undergraduate students took part in return for a reward of sweets (56 female and 45 male, with a mean age of 21.93). The experiment was a 2 (source of comments: ingroup/outgroup) x 2 (valence of comments: positive/negative) between-groups design. Participants were recruited on a university campus whilst at leisure.

Materials and Procedure

To disguise the purpose of the research, participants were informed that the study was concerned with perceptions of personality types. They were told that after reading an extract from an interview, they would be asked to record their impressions of the interviewee. In the fictional

interview extract, the speaker (known only as “S. Hedron”) described themselves as someone who is 22 years of age and enjoys going to the movies, drinking with friends and going to the gym. At this point, the group membership of the interviewee was introduced. In the outgroup condition, the speaker stated that they had “never suffered from a mental illness”. In the ingroup condition, they stated that they had “suffered from schizophrenia for the last three years”. The speaker then went on to describe people with mental illness. In the positive comment condition, the speaker said “When I think of people with mental illnesses, like schizophrenia, I think of them as being loving, friendly and brave”. In the negative condition, the speaker said “When I think of people with mental illnesses, like schizophrenia, I think of them as being violent, dependent and unhappy”. The positive adjectives “loving”, “friendly” and “brave” and the negative adjectives “violent”, “dependent” and “unhappy” were obtained by asking a separate sample of 30 undergraduates to list three positive and three negative adjectives that describe people with mental illnesses, like schizophrenia. We chose the most commonly listed adjectives to include in the present study.

The first dependent measure was sensitivity to the speakers’ comments ($\alpha = .96$). Sensitivity was measured by asking participants “To what extent do you think the comments were...” followed by eight items including “threatening”, “irritating” and “offensive”. Participants responded to each item on a scale from 1 “not at all” to 7 “very much”. In the same way, participants were also asked to judge the speaker’s personality traits ($\alpha = .64$). These were measured by asking participants “To what extent do you think the speaker was...” followed by eight items including “intelligent”, “friendly” and “open-minded”. The scale reliability was improved by the removal of the item “respected” ($\alpha = .87$), but removal of this item did not influence any of the analyses related to our hypotheses so we report analyses using the original scale. Sensitivity (Eigenvalue = 8.69, proportion of variance = 54.32%) and personality evaluations (Eigenvalue = 1.86, proportion of variance = 11.65%) were separate but intercorrelated factors, r

(101) = $-.58$, $p = .000$ in a factor analysis with direct oblimin rotation. All items loaded appropriately onto the two underlying factors.

We also measured participants' perceptions of the fairness of the speaker's comments (1 "not very fair" to 7 "very fair"). Further, we measured participants' agreement with the comments, and the extent to which they thought the comments were constructive (from 1 "not at all" to 7 "very much"). After completion of the questionnaire, participants were debriefed and thanked.

Results

Dependent measures

Data were analyzed using 2 (source) x 2 (valence) ANOVAs. Means, standard deviations and F -ratios are presented in Table 1. For all DVs there were significant effects for both source and valence (all $ps < .001$) with the exception of agreement where the main effect of valence was marginal at $p = .055$. In each case, the outgroup speaker (vs. the ingroup speaker) and negative comments (vs. positive comments) elicited less favourable ratings.

< Table 1 >

As predicted, source x valence interactions emerged for sensitivity ($p = .016$, $\eta^2 = .06$), personality trait judgments ($p = .007$, $\eta^2 = .07$), agreement ($p = .003$, $\eta^2 = .09$) and fairness ($p = .036$, $\eta^2 = .04$). In line with previous research, all dependent measures were affected by source when messages were negative more so than when they were positive.

Although the predicted interaction emerged for all dependent variables, simple main effects analyses revealed that DVs were influenced by source when the messages were negative *and* when they were positive. Specifically, for negative $F(1,97) = 38.40$, $p = .000$, $\eta^2 = .28$ *and* positive comments $F(1,97) = 11.61$, $p = .007$, $\eta^2 = .07$, an external speaker elicited more sensitivity than an internal speaker. For negative $F(1,97) = 53.27$, $p = .000$, $\eta^2 = .35$ *and* positive comments $F(1,97) = 9.27$, $p = .003$, $\eta^2 = .09$, an external speaker elicited less agreement than an internal speaker.

Finally, both negative $F(1,97) = 48.24, p = .000, \eta^2 = .33$ and positive comments $F(1,97) = 15.97, p = .000, \eta^2 = .14$ were seen as less fair coming from an external speaker than an internal speaker.

The only exception to this was for personality evaluations, where an internal speaker was evaluated more favourably than an external speaker in the context of negative comments $F(1,97) = 23.72, p = .000, \eta^2 = .20$ but not positive comments $F(1,97) = .973, p = .326, \eta^2 = .01$.

Perceived constructiveness of the comments

As we predicted, there was a significant effect of source on perceived constructiveness for negative comments, $F(1,97) = 56.98, p = .000, \eta^2 = .37$. Negative comments were seen as more constructive from an ingroup source than an outgroup source. We applied Baron and Kenny's (1986) regression procedure to explore the potential mediating role of constructiveness in the effect of source on the DVs (see Table 2). For all four dependent measures, constructiveness was a significant mediator, obviating (sensitivity, personality evaluations, fairness) or attenuating (agreement) the effect of comment source.

< Table 2 >

For positive comments there was also a significant effect of source on perceived constructiveness, $F(1,97) = 15.77, p = .000, \eta^2 = .14$. Like negative comments, positive comments were viewed as more constructive from an ingroup source than an outgroup source. Mediation analyses revealed that for sensitivity, agreement and perceived fairness, constructiveness was a significant mediator, obviating the effect of comment source (see Table 2).

An overall main effect of source on constructiveness also emerged, $F(1,97) = 66.55, p = .000, \eta^2 = .41$. Collapsed across comment valence, constructiveness mediated the effect of source on all dependent measures (see Table 2). Finally, a source x valence interaction emerged for constructiveness, $F(1,97) = 6.60, p = .012, \eta^2 = .06$. As was the case for our dependent measures, source affected constructiveness when the comments were negative more so than when they were

positive. For all four dependent measures, constructiveness was a significant mediator, attenuating (agreement) or obviating (sensitivity, personality evaluations and fairness) the interaction between source and valence (see Table 3).

< Table 3 >

So perceived constructiveness predicted the effect of source on the dependent measures for positive comments, negative comments and collapsed across message valence. It also explained why source affected the dependent measures more when messages were negative than when they were positive.

Discussion

This study examined people's responses to positive and negative stereotypical comments about sufferers of mental illness, taking into account the source of the comments (ingroup or outgroup). Results revealed that participants were more sensitive, perceived the speaker less favourably, agreed less, and believed that the comments were less fair, when they came from an outsider (someone who has never suffered a mental illness) than an insider (someone who has suffered a mental illness). As expected, this difference was more pronounced for negative generalizations. However, contrary to previous research using only non-stigmatized target groups (e.g., Hornsey et al., 2002; 2004; Sutton et al., 2006), participants in the current study also reacted less favourably to *positive* generalizations originating from an outsider than from an insider. This is the first demonstration of an intergroup sensitivity effect for positive comments. It appears to be appropriate for outsiders to praise this non-stigmatized group. However, it is not necessarily appropriate for outsiders to praise this stigmatized group in a similar way.

Consistent with previous research, our results revealed that responses to comments made about the mentally ill were attributable to the relatively constructive motives assigned to internal speakers over outgroup speakers (cf. Hornsey & Imani, 2004). Across positive and negative comments and for positive and negative comments separately, perceived constructiveness

consistently mediated the ISE. Further, differences between the ISE for positive and negative comments were mediated by perceived constructiveness. So, the perceived constructiveness of the comments explained why the source of the comments mattered more when comments were negative than when they were positive.

The current findings have implications for programs designed to de-stigmatize mental illness. In particular, positive comments were more favourably received from an ingroup rather than an outgroup speaker. This suggests that campaigns may be most effective when they include statements from persons *within* the stigmatized group. It is particularly important to note that, for positive comments, participants' agreement was substantially higher when comments came from an ingroup source than an outgroup source. Therefore, one tangible way to make campaigns to de-stigmatize mental illness more effective may be to carefully consider the source of the information intended to induce attitude change – a person suffering from schizophrenia, for example, may be more likely to change attitudes of the general public towards schizophrenia than a non-sufferer such as a health professional who makes exactly the same positive comments.

These results also point to the importance of social convention in responding to stereotypical comments concerning mental illness. Participants in the current study were not necessarily motivated to protect the esteem or reputation of the target group since they were not members of this group themselves. Their responses were therefore likely to be informed by a sense of what is normatively (or morally) right or wrong rather than being motivated by their own social identity concerns. Indeed, participants' reactions to comments made about the mentally ill depended on the motives they attributed to the speaker as a sufferer of mental illness who can be constructive and helpful (cf. Kaplan, 2001) and were not directly tied to the speaker's social identity as a member or non-member of the target group.

Finally, these results suggest that one rhetorical strategy that outgroup members might use to defuse the effects of their negative comments – that of ‘sugaring the pill’ with some positive comments – may not necessarily work for comments made about stigmatized groups. While this strategy may be effective in reducing sensitivity to comments made about non-stigmatized groups (Hornsey, Robson, Smith, Esposito & Sutton, 2008), our results here suggest that people may react negatively to even the most positive comments about the mentally ill when they come from outside the group.

We should also note that a strength of our current research lies in the decision to use the third-person pronoun “them” when referring to people suffering a mental illness, in both the ingroup and outgroup speaker conditions. Although it is typical practice to use self-inclusive first-person pronouns (e.g., “us”) for ingroup speakers in this type of research (e.g., Hornsey et al., 2002; Hornsey & Imani, 2004; Sutton et al., 2006), in using the third-person pronoun our results demonstrate that reactions to comments about groups, at least by non-group members or ‘bystanders’, may not be dependent on the speaker including or excluding him/herself from the target group.

Future research should examine the generalizability of the current findings. It is possible that the effects of message valence and source extend to other stigmatized groups such as blacks, gays and the elderly or other groups where equally resistant stereotypes exist. If this is the case, it will also be important to examine why the ISE occurs for positive stereotypical comments of stigmatized groups but not for non-stigmatized groups. Indeed, positive comments directed at these groups from outsiders may be viewed as patronizing or may arouse suspicion of an ulterior motive (cf. Vonk, 1998). However, it may also be helpful to consider the perceived prejudice of the speaker. Mae and Carlston (2005) found that speakers who made positive and negative generalizations about groups were disliked to the extent to which they were also perceived as

prejudiced. Perhaps in the case of stigmatized (vs. non-stigmatized) groups, perceived prejudice becomes an important factor that people use to judge the speaker. A person from the outside who is prepared to jump to conclusions about stigmatized groups – positive *or* negative– may be perceived as prejudiced in a way that an insider would not be perceived. Outsiders' comments may be taken less favourably as a consequence of their greater perceived prejudice.

Overall, the current study offers a practical suggestion and an extension to the literature on group criticism. First, it appears that a vital ingredient of mental illness anti-discrimination campaigns may be to include positive, stereotypical comments from mental illness sufferers themselves. Indeed, this validates some of the strategies that are currently being used in anti-discrimination campaigns whose effectiveness is not fully known. Further, the study extends the social psychological literature on the intergroup sensitivity effect by demonstrating that it is not always the case that praise is accepted equally favourably from an ingroup and outgroup source. In the case of stigmatized groups, it may be that outgroup members are best keeping even their positive stereotypes to themselves.

References

- Balsis, S., & Carpenter, B.D. (2005). Evaluations of elderspeak in a caregiving context. *Clinical Gerontologist, 29*, 79-96.
- Baron, R.M. & Kenny, D.A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. *Journal of Personality and Social Psychology, 51*, 1173-1182.
- Ben-Porath, D.D. (2002). Stigmatization of individuals who receive psychotherapy: An interaction between help-seeking behavior and the presence of depression. *Journal of Social and Clinical Psychology, 21*, 400-413.
- Bourhis, R. Giles, H., Leyens, J.P., & Tajfel, H. (1979). Psycholinguistic distinctiveness: Language divergence in Belgium. In H. Giles & R. St. Clair (Eds.), *Language and social psychology* (p. 158-185). Oxford, UK: Blackwell.
- Boysen, G.A., & Vogel, D.L. (2008). Education and mental health stigma: The effects of attribution, biased assimilation, and attitude polarization. *Journal of Social and Clinical Psychology, 27*, 447-470.
- British Broadcasting Corporation (2002). *Campaign to end stigma of mental illness*. Retrieved from <http://news.bbc.co.uk/1/hi/health/2116303.stm>, 21st April 2009.
- Britt, T.W., Greene-Shortridge, T.M., Brink, S., Nguyen, O.B., Rath, J., Cox, A.L., Hoge, C.W., & Castro, C.A. (2008). Perceived Stigma and Barriers to Care for Psychological Treatment: Implications for Reactions to Stressors in Different Contexts. *Journal of Social and Clinical Psychology, 27*, 317-335.
- Brown, P., & Levinson, S.C. (1987). *Politeness: Some universals in language usage*. Cambridge, UK: Cambridge University Press.

- Byrne, P. (2000). Stigma of mental illness and ways of diminishing it. *Advances in Psychiatric Treatment, 6*, 65-72.
- Corrigan, P.W. (2007). How clinical diagnosis might exacerbate the stigma of mental illness. *Social Work, 52*, 31-39.
- Corrigan, P.W., Watson, A.C., & Barr, L. (2006). The self-stigma of mental illness: Implications for self-esteem and self-efficacy. *Journal of Social and Clinical Psychology, 25*, 875-884.
- Crisp, A., Gelder, M.G., Rix, S., Meltzer, H.I., & Rowlands, O.J. (2000). The stigmatisation of people with mental illness. *British Journal of Psychiatry, 177*, 4-7.
- Dardenne, B., Dumont, M., and Bollier, T. (2007). Insidious dangers of benevolent sexism: Consequences for women's performance. *Journal of Personality and Social Psychology, 93*, 764-779.
- Davies, T. (1998). *ABC of mental health*. London: BMJ Books.
- Ekman, P. (2001). *Telling lies: Clues to deceit in the marketplace, politics and marriage*. New York: Norton.
- Elder, T.J., Sutton, R.M., & Douglas, K.M. (2005). Keeping it to ourselves: Effects of audience size and composition on reactions to criticisms of the ingroup. *Group Processes and Intergroup Relations, 8*, 231-244.
- Feldman, D.B., & Crandall, C.S. (2007). Dimensions of mental illness stigma: What about mental illness causes social rejection? *Journal of Social and Clinical Psychology, 26*, 137-154.
- Grice, H.P. (1975). Logic and conversation. In J.H. Greenberg (Ed.), *Universals of language* (pp. 58-90). Cambridge, MA: MIT Press.
- Hamilton, D.L. & Sherman, J.W. (1994). Stereotypes. In R.S. Wyer & T.K. Srull (Eds.), *Handbook of social cognition*, (pp. 1-68). Hillsdale, NJ: Erlbaum.

- Hornsey, M.J., & Imani, A. (2004). Criticizing groups from the inside and the outside: A social identity perspective on the intergroup sensitivity effect. *Personality and Social Psychology Bulletin*, *30*, 365-383.
- Hornsey, M.J., Oppes, T. & Svensson, A. (2002). “It’s OK if we say it, but you can’t”: Responses to intergroup and intragroup criticism. *European Journal of Social Psychology*, *32*, 293-307.
- Hornsey, M.J., Robson, E., Smith, J., Esposito, S., & Sutton, R.M. (2008). Sugaring the pill: Assessing rhetorical strategies designed to minimize defensive reactions to group criticism. *Human Communication Research*, *34*, 70-98.
- Hornsey, M.J., Trembath, M. & Gunthorpe, S. (2004). ‘You can criticize because you care’: Identity attachment, constructiveness, and the intergroup sensitivity effect. *European Journal of Social Psychology*, *34*, 499-518.
- Hummert, M.L., & Mazloff, D.C. (2001). Older adults’ responses to patronizing advice: Balancing politeness and identity in context. *Journal of Language and Social Psychology*, *20*, 167-195.
- Janis, I. L. (1982). *Groupthink: Psychological studies of policy decisions and fiascos*. Boston, MA: Houghton Mifflin.
- Kaplan, L.V. (2001). Intentional agency, responsibility and justice. In B.F. Malle, L.J. Moses & D.A. Baldwin (Eds.), *Intentions and intentionality: Foundations of social cognition* (pp. 367-379). Cambridge, MA: MIT Press.
- Luty, J., Umoh, O., Sessay, M., & Sarkhel, A. (2007). Effectiveness of changing minds campaign factsheets in reducing stigmatised attitudes towards mental illness. *Psychiatric Bulletin*, *31*, 377-381.

- Maass, A., Milesi, A., Zabbini, S., & Stahlberg, D. (1995). Linguistic intergroup bias: Differential expectancies or in-group protection? *Journal of Personality and Social Psychology, 68*, 116-126.
- Mae, L., & Carlston, D.E. (2005). Hoist on your own petard: When prejudiced remarks are recognized and backfire on speakers. *Journal of Experimental Social Psychology, 41*, 240-255.
- National Institute for Mental Health in England (2004). *Scoping review on mental health and anti stigma and discrimination – Current activities and what works*. Retrieved from http://www.sesami.org.uk/stigmascoping_summary.pdf on 21st April, 2009.
- Naylor, P., Cowie, H., Talamelli, L. & Dawkins, J. (2002). *The development of adolescent pupils' knowledge about and attitudes towards mental health difficulties*. Project Report to PPP Medical Healthcare Trust.
- Nemeth, C., & Owens, P. (1996). Making workgroups more effective: The value of minority dissent. In M. A. West (Ed.), *The handbook of workgroup psychology* (pp. 125-121). Chichester, UK: Wiley.
- Oakes, P.J., Haslam, S.A., & Turner, J.C. (1994). *Stereotyping and social reality*. London: Blackwell.
- O'Dwyer, A. Berkowitz, N.H., & Alfeld-Johnson, D. (2002). Group and person attributions in response to criticism of the ingroup. *British Journal of Social Psychology, 41*, 563-588.
- Pitre, N., Stewart, S., Adams, S., Bedard, T., & Landry, S. (2007). The use of puppets with elementary school children in reducing stigmatizing attitudes towards mental illness. *Journal of Mental Health, 16*, 415-429.

- Reinke, R.R., Corrigan, P.W., Leonhard, C., Lundin, R.K., & Kubiak, M.A. (2004). Examining two aspects of contact on the stigma of mental illness. *Journal of Social and Clinical Psychology, 23*, 377-389.
- Sutton, K.M., Douglas, K.M., Elder, T.J., & Tarrant, M. (2007). Social identity and social convention in responses to criticisms of groups. In Y. Kashima, K. Fiedler and P. Freytag (Eds.), *Stereotype dynamics: Language-based approaches to stereotype formation, maintenance, and transformation*. (pp. 339-365). Mahwah, NJ, USA: Laurence Erlbaum.
- Sutton, R.M., Elder, T.J., & Douglas, K.M. (2006). Reactions to internal and external criticism of outgroups: Social convention in the intergroup sensitivity effect. *Personality and Social Psychology Bulletin, 32*, 563-575.
- Tajfel, H., & Turner, J.C. (1986). The social identity theory of intergroup behaviour. In S. Worchel & W.G. Austin (Eds.), *Psychology of intergroup relations*. (pp. 7-24). Chicago: Nelson-Hall.
- Teachman, B.A., Wilson, J.G., & Komarovskaya, I. (2006). Implicit and explicit stigma of mental illness in diagnosed and healthy samples. *Journal of Social and Clinical Psychology, 25*, 75-95.
- Vonk, R. (1998). The slime effect: Suspicion and dislike of likeable behavior toward superiors. *Journal of Personality and Social Psychology, 74*, 849-864.

Table 1

Effects of source and valence of comments on participants' evaluative judgments. Means, standard deviations (in parentheses) and *F*-statistics.

Judgements	Source and valence of comments				Source <i>F</i>	Valence <i>F</i>	Source x valence <i>F</i>
	Ingroup speaker		Outgroup speaker				
	Positive	Negative	Positive	Negative			
Sensitivity	1.31 (0.66)	2.67 (0.98)	2.26 (1.49)	4.83 (1.55)	40.30***	63.81***	6.04*
Personality	5.00 (1.34)	4.66 (0.76)	4.72 (0.91)	3.30 (0.85)	17.36***	19.93***	7.65**
Agreement	4.36 (0.86)	4.64 (1.25)	3.27 (1.76)	2.00 (1.04)	53.71***	3.78	9.26**
Fairness	5.52 (1.05)	4.64 (1.52)	4.04 (1.59)	2.04 (1.02)	60.01***	29.85***	4.51*
Constructiveness	5.64 (1.35)	4.96 (1.37)	4.08 (1.81)	1.96 (0.93)	66.55***	25.00***	6.60*

* $p < .05$

** $p < .01$

*** $p < .001$

Table 2

Analyses of the mediating role of constructiveness motives in the main effect of source on sensitivity, personality evaluations, agreement and fairness. The mediation analyses are further broken down for positive and negative comments.

Step	Predictor variable	Criterion variable	Main effect of source		Positive comments		Negative comments	
			β	t	β	t	β	t
1	source	constructiveness	-.58	-7.09***	-.45	-3.49**	-.79	-9.05***
Mediating analyses for sensitivity			Sobel $z = 5.02, p = .000$		Sobel $z = 3.38, p = .000$		Sobel $z = 2.10, p = .029$	
2	source	sensitivity	.44	4.81***	.39	2.93**	.65	5.88***
3	constructiveness		-.68	-9.22***	-.57	-4.90***	-.66	-6.10***
3	source		.06	.68	.16	1.25	.33	1.91
Mediating analyses for personality			Sobel $z = 4.26, p = .000$		Sobel $z = 1.68, p = .092$		Sobel $z = 3.14, p = .001$	
2	source	personality	-.34	-3.64***	-.12	-.85	-.65	-6.00***
3	constructiveness		.56	6.75***	.27	1.96	.73	7.37***
3	source		-.03	-.26	-.01	-.01	-.21	-1.27
Mediating analyses for agreement			Sobel $z = 3.71, p = .000$		Sobel $z = 1.95, p = .050$		Sobel $z = 2.51, p = .012$	
2	source	agreement	-.57	-6.90***	-.37	-2.80**	-.76	-8.10***
3	constructiveness		.60	7.47***	.40	3.05**	.75	7.80***
3	source		-.33	-3.59**	-.24	-1.68	-.45	-3.10**
Mediating analyses for fairness			Sobel $z = 6.32, p = .000$		Sobel $z = 5.48, p = .000$		Sobel $z = 5.14, p = .000$	
2	source	fairness	-.56	-6.66***	-.49	-3.92***	-.72	-7.09***
3	constructiveness		.88	18.00***	.83	10.31***	.88	12.87***
3	source		-.07	-1.22	-.15	-1.70	-.04	-0.38

* $p < .05$, ** $p < .01$, *** $p < .001$

Table 3

Analyses of the mediating role of constructiveness motives in the interaction (source x target) on sensitivity, personality evaluations, agreement and fairness.

Step	Predictor variable	Criterion variable	β	t
1	source x target	constructiveness	-.18	-2.57*
Mediating analyses for sensitivity Sobel $z = 2.21, p = .027$				
2	source x target		.17	2.46*
3	constructiveness	sensitivity	-.39	-4.30***
3	source x target		.10	1.50
Mediating analyses for personality Sobel $z = 2.01, p = .044$				
2	source x target		-.23	-2.77**
3	constructiveness	personality	.37	3.24**
3	source x target		-.17	-1.99
Mediating analyses for agreement Sobel $z = 2.01, p = .045$				
2	source x target		-.24	-3.04 **
3	constructiveness	agreement	.34	3.22**
3	source x target		.18	-2.27*
Mediating analyses for fairness Sobel $z = 2.51, p = .012$				
2	source x target		-.15	-2.12 *
3	constructiveness	fairness	.76	11.30***
3	source x target		-.01	-0.27
* $p < .05$				
** $p < .01$				
*** $p < .001$				