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BEING GENEROUS TO LOOK GOOD: PERCEIVED STIGMA INCREASES PROSOCIAL BEHAVIOR IN SMOKERS

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ABSTRACT

Research suggests smokers may engage in generous actions as a means of managing or decreasing the stigmatized image they are given. Two studies were performed to examine this stigma management strategy. Study 1 found stigmatized participants – both smokers and nonsmokers – indicated a greater likelihood than control participants to volunteer, a greater interest in volunteering, and willingness to volunteer for a greater number of jobs. Stigmatized smokers were more likely than stigmatized nonsmokers to leave their e-mail address to be contacted about future volunteering. Study 2 revealed perceived stigma is positively correlated with generous behavior in smokers – indicating that the greater stigma one feels, the more generous they become.

Being Generous to Look Good: Perceived Stigma Increases Prosocial Behavior in Smokers

When stigma can be hidden, silence or secrecy becomes the most commonly endorsed stigma management strategy. This allows the stigmatized to remain concealed from the judgment of others (Fielden, Chapman, and Cadell, 2011; Garneau, 2013; Hefley, 2007; Poindexter, and Shippy, 2010). However, oftentimes stigmatization occurs based on a readily identifiable marker that cannot be hidden. These individuals must rely on different forms of stigma management in order to be evaluated more favorably (Galinsky, Hugenberg, Groom, and Bodenhausen, 2003; Tajfel and Turner, 1986). For example, women with physical disabilities tend to rely on humor, cheer, and a general willingness to help others in order to downplay the effects of their disability (Taub, McLorg, and Fanflik, 2004). Furthermore, individuals with spinal cord injury may choose activities that negate their perceived stigma (i.e., being physically active) as a means to change outsiders' perceptions toward the stigmatized individual in a more favorable manner (Tyrrell, Hetz, Barg, and Latimer, 2010).

Smokers are a stigmatized group of individuals who, if they so choose, may conceal their stigmatized characteristic by refraining from smoking around nonsmokers. However, research suggests that smokers may manage their stigma not by concealment, but through generosity (Lueke, Fitzgerald, Wickwire, and Welton, 2013). Smokers have been shown to be a highly stigmatized group (Kim and Shanahan, 2003; Malouff, and Schutte, 1990; Ritchie, Amos, and Martin, 2010), and are often characterized as hostile, inconsiderate, immoral, unlikable, and ill-mannered when compared with nonsmokers (Bleda and Sandman, 1977; Clark, Klesges, and Neimeyer, 1992; Dermer and Jacobsen, 1986). These types of blanket associations have negative consequences for smokers, as research shows that smokers receive less help from others (Bennett, 1986; Bennett and Casey, 1989; Gibson, 1997), are more often targets of aggression (Jones, 1978; Zillmann, Baron, and Tamborini, 2006), and are less likely to be hired for employment when compared to nonsmokers (Malouff and Schutte, 1990). Given this understanding of the stigmatization of smokers, Lueke and colleagues' (2013) field study found evidence to support the stigma management theory in smokers – namely, that smokers were more willing to give one US dollar to a stranger than nonsmokers, regardless of whether or not the stranger was a smoker or nonsmoker (indicated by whether or not the researcher/stranger was smoking a cigarette when asking for the dollar). Furthermore, their research exhibited high external validity as the method accurately captured direct social behavior among smokers in their natural element (i.e., bars and restaurants before the 2010 State of Michigan Anti-Smoking legislation). However, as is the case with most field studies, the method lacked internal validity. Because of the vast amount of potential confounding variables that may exist in any structured observation, it is quite possible that their results could have been the product of unforeseen influences. For this reason, it is important to demonstrate these results in the laboratory setting as well.

The research on stigma management theory has been dedicated to understanding how groups with previously established stigmas behave in order to counteract the associated social repercussions (e.g. people with HIV, minorities, physically handicapped people). Because of this, not much is known about how individuals develop ways to manage stigma, or how quickly these management strategies materialize. It is unknown whether stigma management arises from a steady exposure to others' negative judgments and associations, or if they arise instantaneously the first time the individual feels as though they are being stigmatized. Furthermore, it is unknown whether the stigma itself has to be well established and pervasive in order to cause stigma management to arise, or whether a novel stigma can have a similar effect. It is possible that even individuals who do not belong to a stigmatized group can act in ways to counteract a new and potentially damaging association. In this way, stigma management would be automatic and inherent to all people, regardless of group. If this is the case, then stigma management may develop as a function of time and exposure to stigma, and the stigmatized individual may alter their behavior more consistently.

The current method helps extend the stigma management research in two important ways. First, it utilizes a laboratory setting to assess whether Lueke and colleagues' (2013) results regarding smokers' employment of generosity as a stigma management strategy can be substantiated. Secondly, it examines the effect of a created stigma against nonsmokers that does not naturally exist. If stigmatized nonsmokers behave more generously than smokers who are not threatened by a salient stigma, then the magnitude of stigma's effect on a stigmatized group can be more

thoroughly understood. In other words, if a fabricated stigma placed on a particular group has enough power to immediately create a stigma management behavior within that group, then we can further understand the powerful effect of a well-established stigma on the stigmatized group's behavior. Stigma management can then be viewed as an automatic behavioral response to a perceived identity threat that occurs immediately, rather than needing to develop over time. When the stigma is salient, it will be much more likely to predict the stigmatized group's behavior. More pervasive stigmas would then produce more consistent stigma management behavior.

STUDY 1

This study assessed whether or not there is a causal relationship between stigma and prosocial behaviors by presenting smokers and nonsmokers with a stigmatizing video clip (in the experimental group) followed by a prosocial behavior task.

Method

Participants were 120 undergraduate students (60 smokers and 60 nonsmokers; 52 male and 68 female; $M_{age} = 21.57$, $SD = 5.13$) from two medium-sized universities in the Midwestern United States. Participants were given extra credit in one of their psychology courses as compensation for their participation. The study utilized a 2 (smoker vs. nonsmoker) x 2 (stigma vs. control) between-subject design. Thirty participants per condition were tested. Participants were given extra credit in one of their psychology courses as compensation for their participation.

Materials consisted of a computer which showed a stigmatizing video clip. The stigmatizing video clips were taken from www.youtube.com. Each clip was approximately three minutes in length and contained an insulting comedian. The clip used to stigmatize smokers addressed them as inconsiderate and emitting a very unpleasant smell (from comedian Hal Sparks), while the clip used to stigmatize nonsmokers addressed them as weak and pompous (from comedian Bill Hicks). Participants in the control condition were not shown any video clip.

After viewing the video, the participants were given a packet of unrelated tasks. These tasks included a short demographic form asking the participant's age, sex, smoking status, and how much they smoke. The packet also contained a mood checklist and a word completion task. The mood checklist and word completion task were merely distracter tasks. After completing those forms, the participant completed the final form, which was a flyer requesting volunteers for Habitat for Humanity. This flyer contained five questions for the participant. The first two questions asked the participants' likelihood to volunteer (i.e., no, maybe, and yes; "no" was coded as "1," "maybe" was coded as "2," and "yes" was coded as "3"), and their interest in volunteering for future Habitat efforts (on a Likert-type scale, 1 = *low*, 7 = *high*). The third and fourth questions asked them to specify the activities with which they would like to assist and how much time they would like to donate to the cause. The fifth question asked if they would like to be contacted regarding future volunteering opportunities (i.e., measured by whether or not they wrote down their e-mail address; these responses were coded as "no" = "1" and "yes" = "2"). This packet was adapted from previous research on prosocial behavior (Liljenquist, Zhong, and Galinsky, 2010).

Results and Discussion

Each of the five dependent variables was analyzed using a 2 (smoker vs. nonsmoker) x 2 (condition: control vs. stigma) analysis of variance (ANOVA) – resulting in five separate 2 x 2 ANOVAs.

Stigmatized participants indicated a greater likelihood than control participants to volunteer, $F(1, 116) = 6.37, p = .013$, partial eta squared = .05, a greater interest in volunteering, $F(1, 116) = 7.28, p = .008$, partial eta squared = .06, and a willingness to volunteer for a greater number of jobs, $F(1, 116) = 5.90, p = .017$, partial eta squared = .05. Stigmatized participants did not indicate a greater number of volunteer hours nor a greater likelihood to leave their e-mail address for future contact. However, there was a significant interaction between stigma and smoking status when analyzing whether people would leave their e-mail address, $F(1, 116) = 5.52, p = .02$, partial eta squared = .05. Post-hoc tests showed there was no difference between smokers and nonsmokers in the control condition, but smokers in the stigma condition were more likely to leave their e-mail address than nonsmokers in the stigma condition. Smokers also indicated a greater interest in volunteering than nonsmokers, $F(1, 116) = 4.00, p = .048$, partial eta squared = .03, but this did not interact with the significant main effect from the stigma condition. Smoking status did not elicit any other main effects.

The results indicated that both smokers and nonsmokers increased their prosocial behaviors when presented with a video clip that stigmatized them – revealing support for Lueke et al.'s (2013) assumption that stigma increases generosity in smokers, but also showing that stigma increases generosity in nonsmokers as well. However, the Habitat for Humanity flyer merely asked for participants' interest and likelihood of volunteering – except for the final question, which asked if the participant would like to be contacted about volunteering. If they indicated that they would like to be contacted, then they could leave their e-mail address on the form. This question is arguably the one question that showed participants' actual willingness to help. The other questions could be answered in a socially desirable (and possibly dishonest) way; because the flyer was anonymous, the participants could indicate a great willingness and interest to help, but not leave any contact information. This was also the one question that produced an interaction between stigma and smoking status –stigmatized smokers were more likely to leave their e-mail addresses than stigmatized nonsmokers. There was no difference between smokers and nonsmokers in the control condition. Thus, although stigma increased prosocial behavior for both smokers and nonsmokers, when it came to actually providing contact information so that Habitat for Humanity may contact them regarding volunteering, stigma only increased this behavior in smokers.

STUDY 2

After finding a potential causal relationship between stigma and prosocial behavior, we decided to perform a follow-up study to examine the depth of this relationship. If this stigma management theory holds true, then people who experience more stigma may be more generous than those who experience less stigma. People who are greatly stigmatized for being a smoker may feel a greater motivation to be generous as a means of alleviating the immensely negative

image they are given. Conversely, smokers who experience very little stigma for being a smoker may not feel as motivated to be generous because they do not experience this immense stigma and thus do not feel the need to counteract it. Study 2 aimed to investigate this potential correlation between degree of stigmatization and prosocial behavior in a sample of smokers.

Method

Participants were 200 undergraduate students (79 males and 121 females; $M_{age} = 20.09$, $SD = 2.67$) from two medium-sized universities in the Midwestern United States. Prior to participation, people were screened to be sure that only smokers participated in the study. Participants were given extra credit in one of their psychology courses as compensation for their participation.

Participants were given an online questionnaire that contained 45 items. These items consisted of a 12-item scale measuring the perceived stigma of smokers (Stuber, Galea, and Link, 2008), a 20-item Self-Report Altruism Scale (Rushton, Chrisjohn, and Fekken, 1981), a 10-item Interpersonal Generosity Scale (Smith and Hill, 2009), and three demographic questions asking the participants' age, sex, and how many cigarettes they smoke per day. After the participants answered all of the questions, a debriefing screen appeared describing the purpose of the study and thanking them for their participation.

Results and Discussion

Pearson correlations were used to examine the potential relationship between perceived stigma, altruism, and generosity. After controlling for age and sex, perceived stigma was positively correlated with generosity, $r = .21$, $p = .002$, but was not significantly correlated with altruism. This provided corroborative evidence to the idea that smokers increase their generous behaviors as a means of self-presentation. The Interpersonal Generosity Scale measured prosocial behaviors toward strangers, while the Self-Report Altruism Scale measured prosocial behaviors toward friends and family. Smokers may not feel compelled to increase prosocial behaviors toward people they already know and love because these are the people that already know the smoker's true image. Strangers, on the other hand, do not know the smoker, and thus the smoker may feel compelled to help strangers as a means of managing one's own already stigmatized image. This would indicate that smokers, although they are more generous than nonsmokers, are not necessarily nicer than nonsmokers – they are engaging in prosocial behavior as a means of reducing the stigmatized reputation they receive.

Conclusion

The purpose of this research was to gather experimental evidence to further investigate a previous structured observation. Lueke and colleagues (2013) had found that smokers were more generous than nonsmokers, which they attributed to the stigma that smokers perceived because of an upcoming statewide smoking ban. Because their method was a field study, it contained low internal validity. The present study experimentally manipulated perceived stigma in smokers and nonsmokers to examine if stigma has a causal relationship with generosity and other prosocial behaviors.

Study 1 found no significant difference in prosocial behavior between smokers and nonsmokers when they were not stigmatized. We conclude that this similarity in prosocial behavior stems from the fact that neither smokers nor nonsmokers felt a salient stigmatization threat in this condition. However, in the experimental condition, perceived stigma increased prosocial behavior in both smokers and nonsmokers. In stigmatizing either group, perceived stigmatization increased, which subsequently increased prosocial behavior. In general, as smokers are more likely to be stigmatized in the real world (as opposed to nonsmokers), they are probably more likely to be generous than nonsmokers, which corroborates previous research in this area (Lueke et al., 2013).

Furthermore, Study 2 revealed a significant correlation between smokers' perceived stigmatization and their degree of generosity. Thus, as smokers may be stigmatized in public settings, they may exhibit stronger and more frequent instances of generosity over time as a function of their encounters with stigma.

Ultimately, these results illustrate how powerfully stigma can influence behavior. Even a nonexistent stigma that was created for nonsmokers increased their generosity when they encountered it. The mere presence of stigma can then affect a group's behavior, even if they had never encountered that stigma before. For groups that must deal with pervasive stigma, the effects may be much more consistent, as the group encounters the stigma on a much more frequent basis. However, these prosocial stigma management strategies may improve not only the perception that others have on the stigmatized individual, but also the perception of the group as a whole. In this way, stigmatized individuals' use of prosocial behavior may not only benefit the recipients of their generosity, but also the stigmatized individuals themselves, and potentially the group to which they belong.

Although the current study showed evidence for a positive effect on the stigmatized groups, having to feel ostracized, judged, and demeaned – as well as the consequences associated with those feelings – likely far outweigh the positive impact that stigmatized individuals' prosocial behavior may bring. Future research should examine emotions associated with prosocial stigma management strategies, as well as the degree to which prosocial stigma management behavior can impact a stigmatized individual's situation as well as his/her role within his/her respective group, and potentially even how individual stigma management may affect others' evaluations of the group as a whole.

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APPENDIX

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