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You Be the Boss:

Effects of Prejudice of Ethnicity and Mental Illness on Job Hiring

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## Abstract

This study investigates how mental illness and ethnicity influence hiring decisions. Past researchers found that white non-Hispanic applicants were offered a job more often than equally qualified Hispanic applicants. Individuals with mental illnesses have been found to be highly disadvantaged compared to individuals without mental illnesses. Participants (N=160; 80% online completion) received a fictional letter of reference about an applicant and then completed a questionnaire about the applicant's qualifications. The letters of recommendation were identical except for two factors: name of applicant indicating ethnicity and presence of mental illness. We expect that in a hiring situation, participants will rate Hispanic applicants lower than white non-Hispanic applicants. Furthermore, participants will rate applicants with no mental illness highest, applicants with mild depression second highest, and applicants with severe depression lowest. A two-way ANOVA reported a main effect of mental illness on predicted job performance ( $p=.000$ ). Using Tukey post-hoc comparisons, the mild depression condition was rated significantly lower than no mental illness ( $p = .000$ ) and significantly lower than severe depression ( $p=.005$ ). There was a significant interaction between mental illness and ethnicity ( $p=.028$ ), such that the Hispanic applicant was rated significantly lower on predicted job performance than the white non-Hispanic applicant in the mild depression condition ( $p=.05$ ), but the white non-Hispanic applicant was rated significantly lower on predicted job performance than the Hispanic applicant in the severe depression condition ( $p=.068$ ). Concepts of attribution theory, locus of control, and covert discrimination are used to interpret the results.

### You Be the Boss: Effects of Prejudice of Ethnicity and Mental Illness on Job Hiring

In an ideal democratic society, everyone should be able to work at and be hired to a job for which they qualify. In a capitalistic society, as is the United States, work is an integral part of a person's life, providing sense of worth and economic means for purchasing the essentials of life. Every citizen deserves equal opportunity for employment, but some citizens, namely employers, have more power in deciding the access to employment. Therefore, discrimination and prejudice on behalf of the employer is a serious obstacle in the proposed equation for employment because it infringes upon a person's access to money and sense of worth (Gouvier, Systma-Jordan, & Mayville, 2003). Every citizen may have an equal opportunity to apply for jobs, but the employer has the final decision in determining the applicant's access to financial resources. Among the groups of people who are most at risk for job discrimination are those suffering from mental illness and members of ethnic minorities.

#### *Stereotypes, prejudice, discrimination*

Many outside sources of information, one of which is stereotypes, can influence the decision that the employer makes. A stereotype is an assignment of similar characteristics to any person in a group, regardless of the actual variation among members of that group (Aronson, 2004). Stereotypes exist in society because of lack of knowledge and experience with a group of people. Depending on the person, stereotypes can lead people to develop a prejudice against the stereotyped group. Prejudice is an attitude made up of hostile or negative feelings directed toward a specific group based on generalizations (Aronson, 2004). The decision that an employer makes regarding the acceptance or rejection of an applicant on the basis of group characteristics irrelevant to the job can be construed as a form of discrimination. Discrimination is any behavior directed toward persons because of their membership in a particular group

(Brehm, Kassin, & Fein, 1999). If the employer hires or rejects an applicant based on stereotypes or their own personal prejudice, despite an applicant's qualifications, the employer's decision is considered discrimination. Discrimination comes in all forms, from discriminating based on race or education to discriminating based on family member associations or looks, and even gender, ethnicity and disability.

Over the years, people have become more aware of the social effects of discrimination and therefore, its overt characteristics have declined significantly. For example, in 1963 almost 80 percent of white U.S. citizens claimed that they would move out of their neighborhood if African Americans began to move in, however this percentage declined to 20 percent by 1997 (Aronson, 2004). Discrimination has not disappeared from our society as much as the numbers may show, such that the overt characteristics have become subtle involuntary behavior which is still caused by a prejudiced attitude. Instead of seeing overt discrimination among the dominant majority, discrimination is evident in more subtle behaviors (Aronson, 2004).

Word, Zanna and Cooper (1974) found that when an applicant was African American, interviewers sat farther away, made more speech errors, and terminated the interview sooner than when an applicant was white. White interviewers were then trained to act this way when facilitating interviews with white applicants and the interviewer's behavior influenced the applicants in such a way that they became more nervous (Word, Zanna & Cooper, 1974). In the first half of the study, the interviewers were unintentionally acting differently with the African-American applicants, which is evidence of a prejudiced attitude. Hebl, Foster, Bigazzi, Mannix, and Dovidio (2002) found that interviewers did not blatantly discriminate against homosexual applicants, but rather, were less verbally positive, spent less time interviewing the applicant, and made less eye contact. Therefore, even when employers do not intentionally plan to discriminate

against a minority group their behaviors can negatively affect members of that group.

Discrimination has a debilitating effect on the individual and can permeate throughout their life.

The effects only begin by affecting the earnings, housing, health, and quality of life of the individual. Psychologically, discrimination can affect self-esteem and interpersonal relationships, but in reality, it can affect any aspect of life, making it harder on the individual.

### *Mental Illness and Discrimination*

In general, national polls and census data have indicated that people with disabilities, whether physical or mental, make up a group with inferior status in American society, such that they are severely disadvantaged socially, vocationally, economically and educationally (The Americans with Disabilities Act, 1990). When the Americans with Disabilities Act of 1990 (ADA) was written, Congress reported that 43,000,000 Americans, an estimated 15 percent of the population, “have one or more physical or mental disabilities” and the number is only increasing as the population increases (ADA, 1990). Discrimination against these individuals occurs in many areas: employment, housing, education, transportation, communication, recreation, voting and access to public services (ADA, 1990). More importantly, disabled individuals are not able to make a living because employment is so difficult for them to acquire. In fact, unemployment rates for those with mental disorders, which are also a form of mental disability, are three to five times higher than for those without a mental disorder (Sturm, Gresenz, Pacula, & Wells, 1999).

Scholars have researched stigma of mental illness since psychology became established as a science and began using diagnoses. Chamberlain (1978) argued that stigma and discrimination can only be overcome when those with a mental illness can regain control over their lives by living independently and demonstrating that they are capable of taking care of

themselves. Farina (1973) conducted a study that showed that stigma can lead to discrimination against people with mental illnesses in work settings, such that when conducting interviews, interviewers were less likely to offer an individual labeled with a mental illness a job. Link (1986) investigated stigma to find that dangerousness is one factor involved in the public's feelings toward the mentally ill. Clearly stigma affects the mentally ill and negatively affects them psychologically, but stigma also extends to difficulties in the public sphere.

It is a common belief that individuals suffering from a mental illness are all in hospitals and therefore are not subject to discrimination in housing, employment and education.

Deinstitutionalization was a movement started in the 1960s with the goal of returning mental health patients to the community. This movement was based on the idea that it is the patient's right to live outside of a hospital if they are able to function semi-autonomously on a daily basis. The movement of deinstitutionalization as well as the advanced use of medications to treat mental illnesses returns patients to the community, exposing them to certain types of discrimination. The advancement of psychopharmacology has allowed patients to live outside of the hospital if they continue with regimented medication (Sarason & Sarason, 2005).

By moving individuals with mental illnesses into the community and raising their level of self-sufficiency, they are faced with the challenge of finding means of support. In an effort to avoid being a major burden on their family, the individual must find employment.

Unfortunately, despite competency and ability to work due to continued use of medication, employers and others in society hold a stigma associated with mental illness, such that discrimination is a major barrier faced by mentally ill individuals. In a study in which medical students were interviewed about how they coped with stress, they revealed that having evidence of mental difficulties on their record would be seen as a weakness and possibly jeopardize their

future careers (Chew – Graham, Rogers, & Yassin, 2003). As medical students, it would seem that they would have more education and more contact with persons with mental illnesses and therefore have a greater understanding of the complexities of their nature. Nevertheless, they still believed that a mental illness would be interpreted as a weakness in character. In addition, they believed that this weakness could hurt their prospects in becoming a doctor.

Not only in mental illness viewed as a weakness in an individual, the general public, as reported in the General Social Survey of 1996, views those with a mental illness as being violent and unable to manage their affairs (Mechanic, 1998). From the employer's perspective and that of co-workers, it could be detrimental to their business to hire someone with a mental illness. Those with major depression are perceived with suspicion and distrust (Mechanic, 1998). Furthermore, these public perceptions suggest that there is something about depression that elicits negative feelings not directly related to behavior.

Applicants with a physical disability, such as back pain, are actually preferred to those with a cognitive or emotional disability according to employer ratings (Combs & Omvig, 1986; Stone & Sawatzki, 1980). Furthermore, Gouvier et al. (2003) used advanced business students to act as mock-employers, rating applicants differing in various levels of mental and physical disabilities based on résumés and medical summaries. Consistent with previous research, Gouvier et al. (2003) found that physically disabled applicants were more likely than mentally disabled applicants to be rated favorably across employee assessment ratings (Drehmer & Bordieri, 1985; Gouvier, Steiner, Jackson, Schlater, & Rain, 1991; Stone & Sawatzki, 1980). In sum, individuals with mental illnesses are set at a much higher disadvantage compared to individuals without mental illnesses as well as individuals with physical disabilities.

*Ethnicity and Discrimination*

Ideally we would want to study all ethnic groups, but the current study will focus primarily on the Hispanic population and the Caucasian population. There is reason to investigate the Hispanic population because the Hispanic population is the fastest growing ethnic minority in the United States, as well as the largest minority by population (Bureau of Labor, 2005). The Hispanic population is also the main focus of the current debate between the House of Representatives and the Senate concerning an immigration bill. The bill's specific focus concerns Hispanics in the American workforce.

Looking at the population increase in more detail, the Hispanic population in the United States has risen significantly in a span of four years. Based on U.S. Census data, in 2000, the Hispanic population made up 12.5 percent of the U.S. population and rose to 14.1 percent by 2004. With this increase in the Hispanic population, there is a greater need for jobs to support this expanding ethnic group. In November of 2005, the unemployment rate of Hispanic citizens of the United States was six percent, which is higher than the national average of five percent and the white non-Hispanic unemployment rate of 4.3 percent (Bureau of Labor, 2005). These statistics suggest that there may be a barrier present between Hispanic citizens and their ability to attain work that is not influencing the rest of the American population.

Researchers have found that discrimination may account for the discrepancy in unemployment rates between white non-Hispanics and Hispanics in the U.S. In assessment centers, employers pre-screen applicants, and rate them on criteria necessary for the open position. Anne Fielder (2001) studied Hispanic and white non-Hispanic participants in order to determine the problems that applicants face when using assessment centers. In the study, each applicant had three interviews, two interviews with white non-Hispanic assessors and one interview with a Hispanic assessor. The study found that Hispanic applicants were at a

disadvantage regardless of the ethnicity of the assessor, such that there was not an interaction between similarity or dissimilarity between the assessor and the applicant (Fielder, 2001). The study, however, did not break down the factors that could be involved in the Hispanic applicants. For example, we do not know if overall the Hispanic participants had a lower level of education or were overall less qualified than the white non-Hispanic participants.

A similar study was done in which white non-Hispanic participants were matched with Hispanic participants on age, weight, height, work history, education, personality and presentation (Kenney & Wissoker, 1994). The pairs practiced with each other in training sessions to appear as similar in behavior as possible. Each time an applicant made a phone call to a business and scheduled an interview or a visit, the pair did so within an hour of each other and alternated who made first contact. Overall, the pairs were presented in the most equal manner possible, yet the Hispanic halves of the pairs were significantly less likely than their white non-Hispanic counterparts to be given a positive response when they made a request to file an application (91% vs. 95%), to obtain job interviews (50% vs. 65%), and to be offered a job (28% vs. 43%). The closer the applicant came to becoming an employee, the faster percentages of positive responses for Hispanic applicants dropped.

### *Present Study*

In the present experiment, we will be investigating the effects of the stigma of mental illness and ethnicity on job discrimination. We expect that in a hiring situation, Hispanic applicants will be at a greater disadvantage when compared to white non-Hispanic applicants. Furthermore, applicants with a history of mental illness will be at a greater disadvantage when compared to those without a mental illness. In addition, applicants with a history of more severe

mental illness will be at a greater disadvantage than those with history of a less severe mental illness.

## Methods

### *Participants*

There were 160 participants, of whom 28 were students at a small, liberal arts college in the Midwest who participated in the lab and 132 were online participants. The participants ranged in age from 16 to 57, with an average age of 24 (62% female). All participants were U.S. residents. The non – U. S. residents were excluded since we were examining discrimination in the United States.

### *Procedure and Materials*

The experiment took place in a classroom in an academic setting, unless the experiment was completed online (see below). The participants received an informed consent form and were asked to read and sign the paper (Appendix A). The researchers collected the informed consent forms, and then gave the participants the instructions (Appendix B) to read and one letter of recommendation (Appendix C-D). The letter of recommendation that the participants read was written by a hypothetical applicant's previous employer, which describes the applicant's performance at his previous job, CorpCom Incorporated. The letter was written with a positive tone, praising the applicant's work in his previous position. The letter was identical in every condition except for two pieces of information: name of applicant (George Anderson or Juan González) and mention of mental illness (none, presence of mild depression, or presence of severe depression). The letter was obtained from a website and the above modifications were made by the researchers (Niznik, 2000).

Once the participants read the letter and instructions, the materials were collected by the researchers. The participants were then given the questionnaire (Appendix E). The questionnaire asked the participant to rate the applicant on four items. The ratings were scaled on a 1 to 7 Likert scale in which 1 represented the lowest rating and 7 represented the highest rating. The four items were: predicted overall job performance, reliability, likeliness to hire, and trustworthiness. The questions on the questionnaire included the name of the applicant corresponding to the name on the letter which the participant had read. The questionnaire also included an open-ended question asking for the participants' overall rationale for making their ratings. The second page of the questionnaire consisted of demographic questions. Once all participants in the room had finished completing the questionnaire, they were collected, and a debriefing sheet (Appendix F) was given to the participants to read before being dismissed.

For those participants that completed the experiment online, the participants found the experiment on <http://psych.hanover.edu/research/exponnet.html>. From a list of experiments, the participants selected to participate in our study, named "Job Hiring". Once clicking on that link, they were directed to the informed consent page. Clicking the "continue" button indicated consent. The participants then read the instructions on the next page. After clicking the "continue" button, they were then directed to the letter of recommendation page. The letters were randomly distributed among participants based on a computer randomizing program. After reading the letter and clicking the "continue" button, the participants were directed to the questionnaire page. By clicking on the "finished" button, the data was submitted, and they were directed to the debriefing page.

## Results

### *Job Performance*

Comparisons were made across ethnicity (Hispanic vs. white non-Hispanic) and level of mental illness (no mental illness, mild depression, severe depression) using predicted job performance as our dependent variable. A 2 x 3 ANOVA reported no main effect for ethnicity and a significant main effect of mental illness on predicted job performance,  $F(2,159) = 8.98, p < .001$ . Therefore, the average ratings for each mental illness condition are significantly different, such that the participants rated the applicants with no mental illness ( $M = 6.66$ ) the highest compared to the applicants with mild depression ( $M = 5.94$ ) and severe depression ( $M = 6.43$ ) (Figure 1). Using Tukey post-hoc comparisons, the main effect was found to be significant in the mild depression condition, such that the no mental illness condition was significantly higher than the mild depression condition ( $p < .001$ ) and the severe depression condition was significantly higher than the mild depression condition ( $p = .005$ ). The main effect was qualified by a significant interaction between mental illness and ethnicity,  $F(2,159) = 3.68, p = .028$ . Tukey post-hoc comparisons revealed that the Hispanic applicant was rated significantly lower on predicted job performance than the white non-Hispanic applicant in the mild depression condition ( $p = .05$ ), but the white non-Hispanic applicant was rated marginally significantly lower on predicted job performance than the Hispanic applicant in the severe depression condition ( $p = .068$ ) (Figure 2).

### *Reliability*

Comparisons were made across ethnicity (Hispanic vs. white non-Hispanic) and level of mental illness (no mental illness, mild depression, severe depression) using reliability as our dependent variable. A 2 x 3 ANOVA reported no main effect for ethnicity and a significant main effect of mental illness on reliability,  $F(2, 159) = 6.99, p = .001$ . Therefore, the average ratings for each mental illness condition are significantly different, such that the participants

rated the applicants with no mental illness ( $M = 6.43$ ) the highest compared to the applicants with mild depression ( $M = 5.61$ ) and severe depression ( $M = 6.16$ ) (Figure 3). Using Tukey post-hoc comparisons, the main effect was found to be significant in the mild depression condition, such that the no mental illness condition was significantly higher than the mild depression condition ( $p < .001$ ) and the severe depression condition was significantly higher than the mild depression condition ( $p = .021$ ). Although there was no interaction between mental illness and ethnicity, a post-hoc analysis using Tukey reported that an Hispanic applicant were rated significantly lower on reliability than a white non-Hispanic applicant when both had mild depression ( $p = .043$ ) (Figure 4).

#### *Trustworthiness*

Comparisons were made across ethnicity (Hispanic vs. white non-Hispanic) and level of mental illness (no mental illness, mild depression, severe depression) using trustworthiness as our dependent variable. A 2 x 3 ANOVA reported no main effect for ethnicity and a significant main effect of mental illness on trustworthiness,  $F(2, 159) = 3.28, p = .04$ . Therefore, the average ratings for each mental illness condition are significantly different, such that the participants rated the applicants with no mental illness ( $M = 6.15$ ) the highest compared to the applicants with mild depression ( $M = 5.63$ ) and severe depression ( $M = 6.10$ ) (Figure 5). Using Tukey post-hoc comparisons, the main effect was found to be significant in the mild depression condition, such that the no mental illness condition was significantly higher than the mild depression condition ( $p = .025$ ) and the severe depression condition was significantly higher than the mild depression condition ( $p = .026$ ). Although there was no interaction between mental illness and ethnicity, a post-hoc analysis using Tukey reported that an Hispanic applicant were

rated significantly higher on trustworthiness than a white non-Hispanic applicant when both had severe depression ( $p = .02$ ) (Figure 6).

### *Likelihood to Hire*

Comparisons were made across ethnicity (Hispanic vs. white non-Hispanic) and level of mental illness (no mental illness, mild depression, severe depression) using likelihood to hire as our dependent variable. A 2 x 3 ANOVA reported no main effect for ethnicity and a significant main effect of mental illness on likelihood to hire,  $F(2, 159) = 5.28, p = .006$ . Therefore, the average ratings for each mental illness condition are significantly different, such that the participants rated the applicants with no mental illness ( $M = 6.32$ ) the highest compared to the applicants with mild depression ( $M = 5.55$ ) and severe depression ( $M = 6.14$ ) (Figure 7). Using Tukey post-hoc comparisons, the main effect was found to be significant in the mild depression condition, such that the no mental illness condition was significantly higher than the mild depression condition ( $p = .002$ ) and the severe depression condition was significantly higher than the mild depression condition ( $p = .018$ ).

### Discussion

We expected to find higher ratings for the white non-Hispanic applicant than the Hispanic applicant for all of the items on the questionnaire: predicted job performance, reliability, trustworthiness and likelihood to hire. We also expected to find the highest ratings for the applicant with no mental illness, the second highest ratings for the applicant with mild depression and the lowest ratings for the applicant with severe depression.

We found no main effect for ethnicity and subsequently we could not accept our hypothesis that the white non-Hispanic applicant would receive higher ratings; nevertheless

some of our findings show a difference in ethnicity within certain conditions, which will be discussed later.

### *Main Effect for Mental Illness*

There was a main effect for mental illness, however not in the pattern predicted. The mild mental illness condition had statistically significant lower rating when compared to both no mental illness and severe mental illness for all for the dependent measures. Graphically, these results are represented in a distinctive “V” pattern (Figure 8).

While not consistent with our original hypotheses, attribution theory may be helpful in explicating the participants’ unexpected perceptions of the mildly depressed applicants. Attribution theory investigates the perceptions one has of the causes for another person’s behavior (Corrigan et al., 2000). The theory consists of two elements: controllability and stability. Controllability refers to the amount of control that a person has over his/her behavior and stability refers to the potential for improvement over time (Corrigan, 2004). In a study comparing people with physical disabilities and people with mental illnesses, those with mental illness were perceived as having more controllable and stable conditions than those with physical disabilities (Weiner, Perry, & Magnusson, 1988). Conditions that are more controllable and stable can also be attributed to a character trait, and if it is negative, a character flaw. For this reason, perhaps the participants rated the mildly-depressed applicants lower because they were attributing mild depression to a flaw in the applicant’s character. Because of the perceived controllable aspect of mild depression, the participants placed blame on the applicants since the applicants appear to have choice to change their character. In essence, the mildly-depressed applicants may be seen as being unwilling to change their character, therefore deserving lower ratings on all of the questionnaire items.

Although attribution theory is supposed to explain the stigma and discrimination associated with all mental illness in the same way, it does not apply as neatly for the severe depression condition in our study. Research concerning locus of control may explain why the participant ratings for the severe depression condition were significantly higher than the mild depression condition. Rotter, Chance, and Phares (1972) discuss the applications of social learning theory to personality, in which the topic of locus of control is fundamental. Locus of control refers to how a person perceives his/her control over a situation and whether that control is located internally or externally. An internal locus of control means that an individual perceives his/herself as having personal control over the situation, independent of the environment. An external locus of control means that an individual perceives the environment as having control over his/her situation, independent of the individual. Locus of control can essentially explain any type of situation, and when applied to mental illness, Tükel and Seyda (1996) found that with increased severity of depression, there is an increased externality of control. In other words, the more severely depressed that an individual is, the more he/she perceives his/her locus of control as external. This same trend is also found for the increase of severity of mental illness in general.

In applying this concept to our findings, we are transposing the theory from subjective perceptions of locus of control to the perception of locus of control in another person. The participants may have perceived the severely depressed applicant as having less control over his situation, therefore his weaknesses are perceived to be externally caused, because of the severity of the disorder, and were overlooked. Perhaps, these findings suggest that there has been a shift in public perceptions regarding certain mental illnesses such as severe depression, in which they are now seen as being more of a physical disability. Evidence for the importance of

neurotransmitters in depression has grown and the use of anti-depressant medication has become quite prevalent in the United States (Tucker-Ladd, 2004). With more people taking antidepressants, the public perception of severe depression could have changed to that of a similar illness as a physical disability because it is treated as such.

### *Mild Depression, Ethnicity and Discrimination*

In our study, there was no significant difference in ratings between the two applicants in the no mental illness condition for any of the dependent variables. Thus, there was no overt discrimination based on ethnicity. However, our results reported that George received higher ratings than Juan when both had mild depression for predicted job performance and reliability. In order to possibly explain this difference, the concept of covert discrimination may apply.

Covert discrimination is when someone is able to justify their discriminatory tendencies because of some perceived flaw in the minority (Frey & Gaertner, 1986). Frey and Gaertner (1986) investigated covert discrimination among white non-Hispanics and found that white non-Hispanic participants would help another white non-Hispanic confederate and an African-American confederate equally except when lack of effort on the part of the confederate was demonstrated. In this condition, white non-Hispanic participants were more helpful to the “lazy” white confederate than they were to the “lazy” African-American confederate. The white non-Hispanics’ tendencies to discriminate only emerged when they were given a justification, such as that their treatment of the African-American confederate was because of some internally caused character flaw.

In our study, perhaps the participants saw the mild depression as a character flaw because it is internally caused, then the Hispanic applicant would be subjected to covert discrimination only in the mild depression condition, which is similar to what happened to the

African- American confederates in Frey and Gaertner's study (1986). Thus, mild depression is possibly seen as a character flaw, which justifies covert discrimination on the part of the participants rating Juan lower than George only in the mild depression condition.

### *Severe Depression and Ethnicity*

Our findings for the severe depression condition are the most surprising because they are the antithesis of what we had predicted, such that Juan received higher ratings than George in the severe depression condition for trustworthiness and predicted job performance. It is difficult to make sense of this finding because mental illness research rarely combines itself with research on ethnic dynamics. In contrasting the severe depression condition with the mild depression condition, the dynamics that lead to covert discrimination may not be applicable because the participant failed to see a justifiable reason to discriminate against the severely depressed Hispanic applicant. The participants found no justification for discrimination in the severely depressed applicant because his locus of control is located externally, therefore relinquishing the responsibility for the weakness, or character flaw, of being depressed from the applicant. It is important to remember that severe depression, because it is at the higher end of the severity spectrum, is associated with external locus of control (Tükel & Seyda, 1996). Thus in our study, the participants may have attributed an external locus of control to the severely depressed applicants, consequently the mental illness was no longer seen as a flaw in character, and there was no justification for covert discrimination to occur.

However, if this were the only factor at play, then under the aforementioned specifications, George and Juan should have been rated equally, however this is not the case. Juan was in fact rated significantly higher than George on predicted job performance and trustworthiness when they were severely depressed. The literature gives us no explanation as to

why this may a minority with a mental illness would be chosen over a majority member with a mental illness. However, we speculate that resilience of the minority is coming into play here. Resilience refers to the ability to overcome a mental illness in the face of adversity. In the case of our study, the participants possibly perceived Juan as having overcome a greater challenge than George, based on the fact that he is a member of an ethnic minority.

### *Limitations*

One limitation to our study was the demand characteristics in the letters of recommendation such that some of the participants assumed we were studying ethnicity because of the Hispanic name, Juan González. This is a significant problem for our study because we wanted to investigate whether an applicant's ethnicity would influence the participants' ratings if the applicant was thought to be Hispanic. To suggest the applicant's ethnicity, this study manipulated this variable by using a stereotypical name. However, if the participants managed to guess the hypothesis of the study because the Hispanic name was too obvious, then the participants that rated the Hispanic applicant may have altered their ratings once they guessed the hypothesis. This phenomenon would affect the results of this study since prejudice and discrimination are socially unacceptable and thus the participants would be quick to answer the questions in light of the knowledge that we were investigating the effects of ethnicity on job hiring decisions. Several of the participants supported this line of reasoning with the comments they made and the anecdotal evidence from the open-ended question on the questionnaire. For example, after finishing the questionnaire, one participant actually said, "Well, I guess I am not racist." This example demonstrates how the participants' may have guessed the hypothesis of the study and subsequently answered the questions in a way as to seem void of any prejudices.

Similarly, this study only examined names, which were thought to be consistent with a particular ethnic group. Although the names of the applicants sounded Hispanic or European-American, we cannot conclude that the participants read each name and knew to which ethnic group the applicants belonged. Thus, this study cannot claim that ethnicity was examined but rather names typically associated with ethnic groups were examined. For example, George Anderson may look like a European-American name at first glance, but a person would be mistaken to assume this name could only belong to a white male. George Anderson may in fact have different ethnic connotations to each participant and in this study we can only assert that names were examined instead of specific ethnic groups.

Lastly, the letters containing the paragraph, which explained a history of depression in the applicant, suggested a complete recovery from the mental illness (Appendix D). The letters in no way suggest that the applicant continues to struggle with a mental illness. So again, this study was not examining mental illness or more specifically depression, but rather applicants that made a recovery from depression years ago. Thus, the applicants in this study were not applying for a job while suffering from a mental illness; instead they were only battling the participants' knowledge of the applicants' history with a mental illness.

### *Future Research*

Our study produced many interesting topics to be investigated for the future. Our findings are all very intriguing and lack a lot of research necessary to fully explain them. In order to not only help explain our findings, but also carve a new path in the research field, we suggest the following issues to be researched further. First, a large portion of our discussion relies on the assumption that mild depression is viewed as a flaw in a person's character, due to the internal locus of control associated with it. Future research should attempt to validate this

claim, which could be monumental in understanding the stigma associated with mild depression. If the connection between mild depression and character does not exist, it would be helpful to see how mild depression fits in with other minor mental illness, like adjustment disorder. To see mild depression in the light of other minor mental illnesses would help determine if mild depression is part of a special phenomenon, or if it is part of a phenomenon specific to minor mental illnesses.

Second, our study looked specifically at Hispanics as a minority group. For future research, it would be interesting to see if the ‘V’ pattern appears when other minorities are assessed. The other minorities could be ethnic minorities, or minorities based on disability or sexual orientation. Our study seems to be designed for limitless variations, including variations on the tone of the letter, the types of mental illnesses used, the names of the applicants, the type of job being applied for, etc. Any of these variations would be sure to produce results different from our own, for example a letter with a mild tone would most likely interact with ethnicity under the principles of covert discrimination.

Third, the current study is specific to the United States because we investigated the effects of ethnicity and mental illness on job hiring in the U.S. Because we wanted to investigate a U.S. phenomenon, we only examined the data from participants that were U.S. residents. Thus, the results from this study explain a paradigm specific to the U.S. In order to develop a more worldwide stance on the issue of discrimination, future researchers may want to investigate the effects of mental illness and ethnicity on job hiring in other countries and cultures.

Fourth, this study examined the effect ethnicity and mental illness had on the participants’ perceptions of letters of recommendation. Letters of recommendation are only one part of the hiring process that most employers use to evaluate applicants. Therefore, if letters of

recommendation possibly lead to prejudice and discrimination, the letters only account for one aspect of job discrimination. To develop a more comprehensive understanding of discrimination in the hiring process, future researchers should investigate the role that discrimination plays at other steps of the hiring process.

Finally, using a different participant pool would also be an interesting variation. What would have happened if we had used actual employers in hiring power? Some have predicted that the effect for mental illness would disappear, others believe that a main effect for ethnicity would appear. Doing a study with this type of participant pool would make the results more generalizable to the job realm, whereas the current results generalize to explain more of a social phenomenon among college students.

### *Implications*

The findings of this study suggest that mild depression may be seen as a character flaw as a result of the participants' perceived internal locus of control in the applicants. For this reason, mild depression appears to be controllable by the applicants. On the other hand, the participants treated the severe depression condition differently than the mild depression condition suggesting a shift in public perception. Whereas mild depression was perceived as a character flaw, the general public may perceive severe depression as more of a medical condition because of the biological component associated with severe depression and its ability to be treated with antidepressants. It is important to remember that the severity of depression may determine how people will perceive and possibly behave toward those with depression.

These conclusions about depression may reveal how discrimination functions in our society. Although overt forms of discrimination appear to be decreasing, our study and similar studies (Frey & Gaertner, 1986; Hebl, Foster, Bigazzi, Mannix, and Dovidio 2002; Word, Zanna

& Cooper, 1974) suggest that covert discrimination exists and is not decreasing. Discrimination is not dead in our society; it is only covert and we should be so naïve to proclaim that everything is now equal among people in the United States.

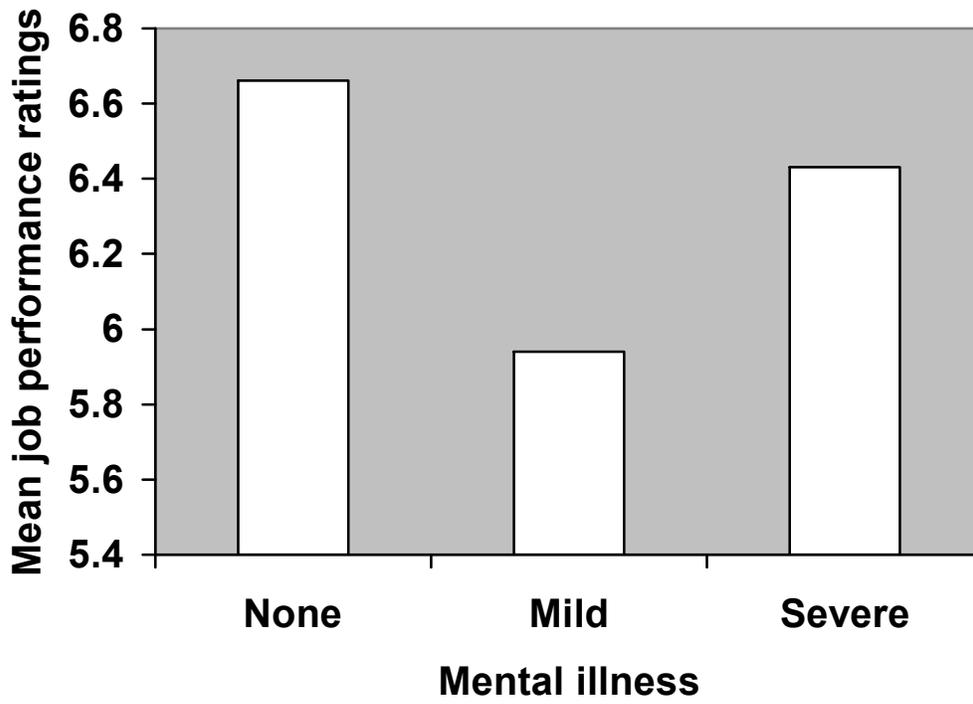


Figure 1. Mean ratings for the effect of mental illness on predicted job performance.

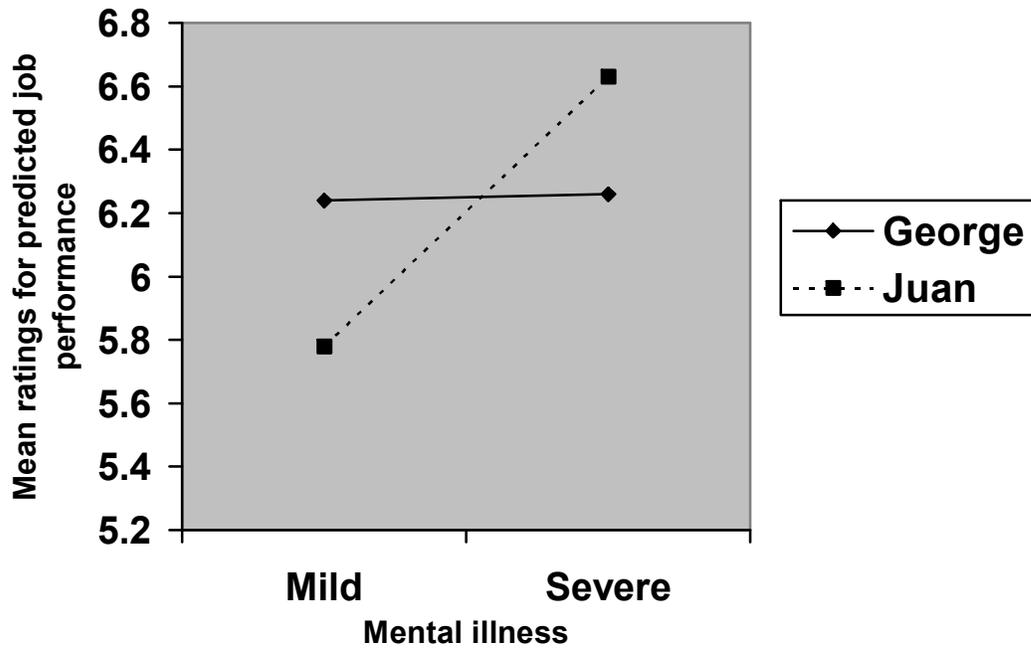


Figure 2. Mean ratings demonstrating the interaction between mental illness and ethnicity for predicted job performance.

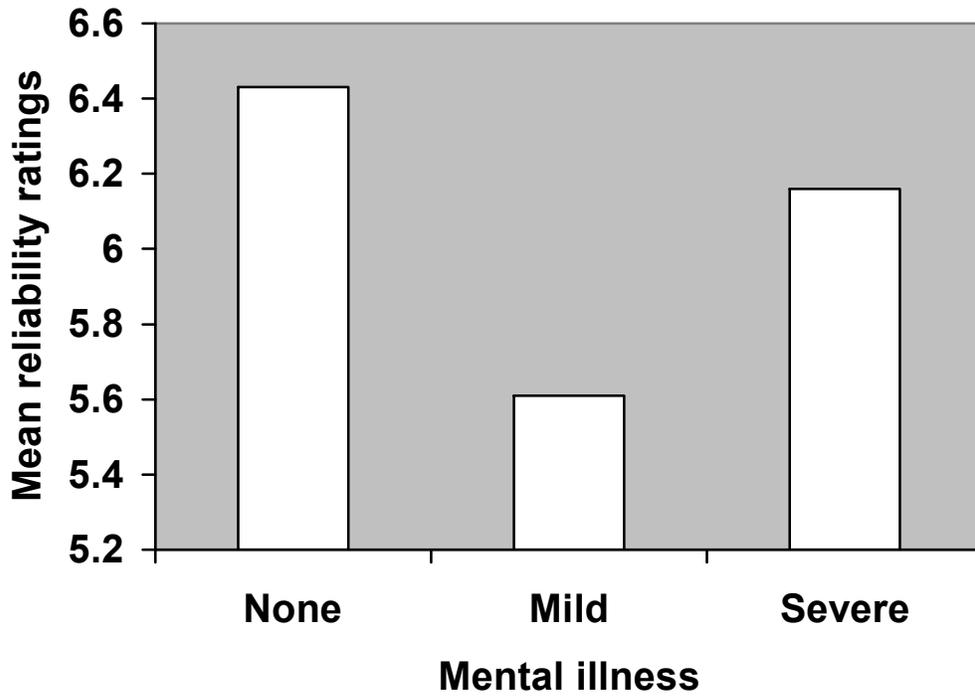


Figure 3. Mean ratings for the effect of mental illness on reliability.

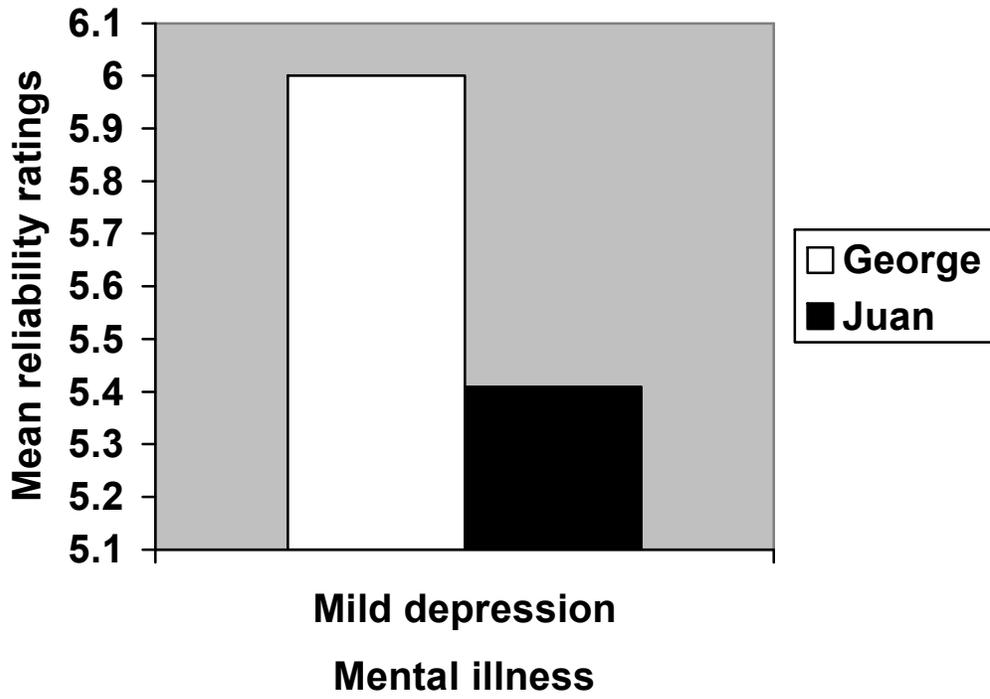


Figure 4. Mean ratings of reliability demonstrating the significant difference between ethnicity in the mild depression condition.

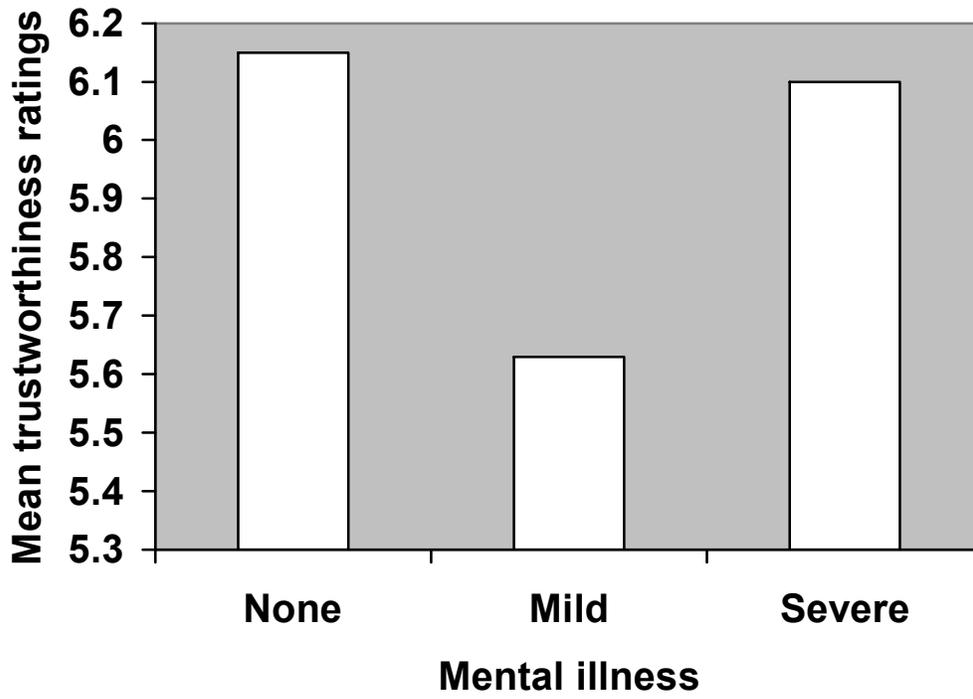


Figure 5. Mean ratings for the effect of mental illness on trustworthiness.

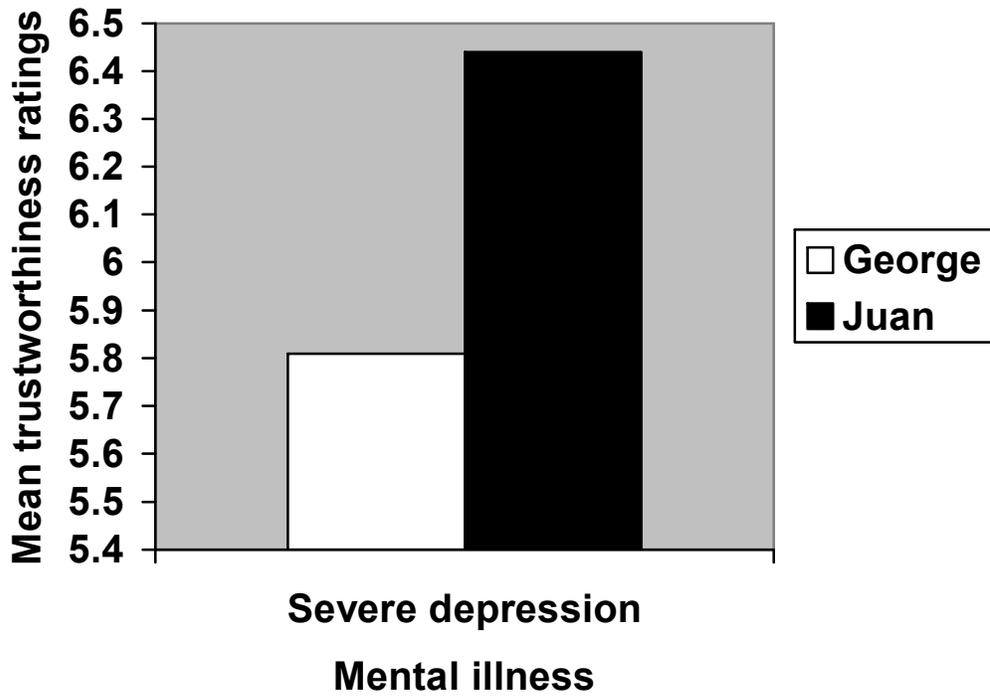


Figure 6. Mean ratings of trustworthiness demonstrating the significant difference between ethnicity in the severe depression condition.

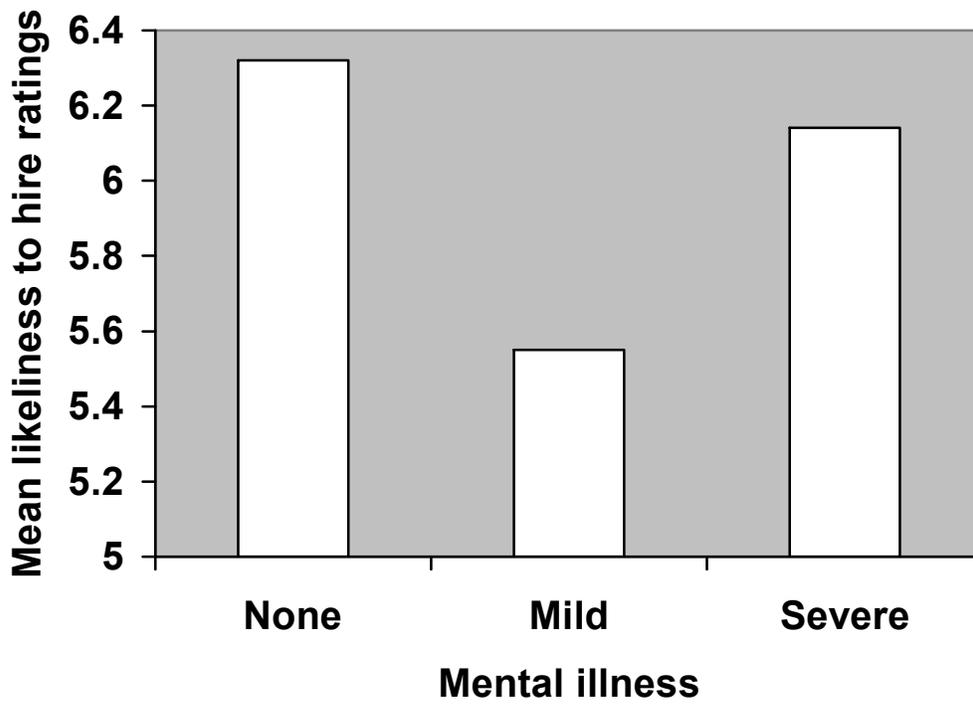


Figure 7. Mean ratings for the effect of mental illness on likelihood to hire.

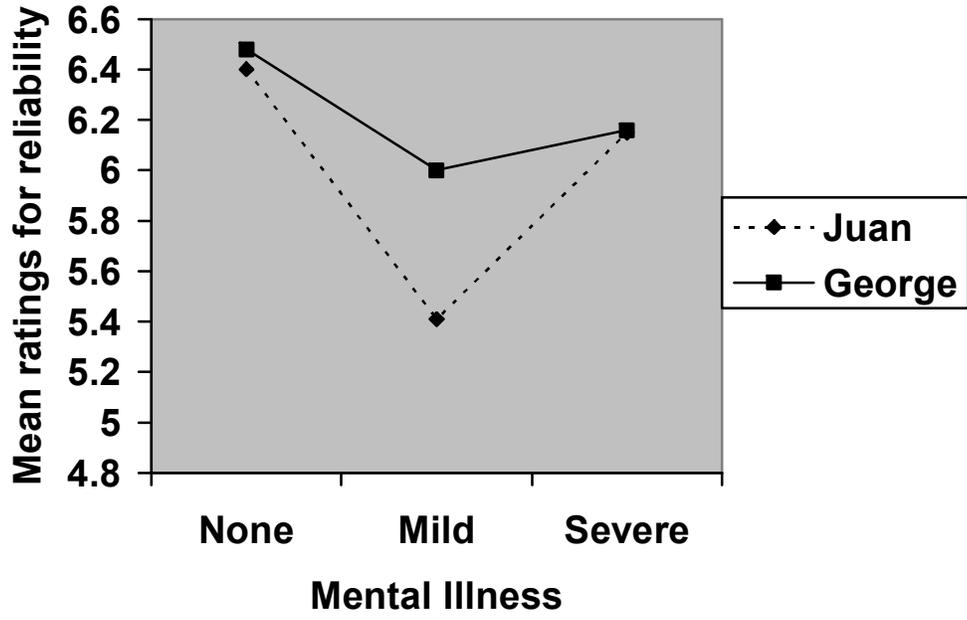


Figure 8. Mean ratings demonstrating the “V” pattern for reliability.

Appendix A:

Informed Consent to Participate in Psychology Study

This research is being conducted by psychology majors at Hanover College: Bobby Carnicella and Stephanie Voigt. The study is designed to examine the psychology of hiring practices. For this research, you are asked to complete two questionnaires. After you have finished answering all of the questions, you will receive a debriefing sheet that explains more about the study.

The entire study will not take more than 30 minutes. There are major risks involved in being in this study, beyond those of everyday life. The information you provide during the experiment is completely anonymous; at no time will your name be associated with the responses you give. If you have any questions about what you will be doing in the study or about the study itself, feel free to ask them now or at any other time during your participation.

If you have any questions after the study, please contact Dr. Skip Dine Young at [youngst@hanover.edu](mailto:youngst@hanover.edu) or in room 156 of the Science Center.

I acknowledge that I am participating in this study of my own free will. I understand that I refuse to participate or stop participating at any time. Incomplete participation will not result in credit for participating, but I may complete an alternative assignment of equal time commitment in order to receive credit. If I wish, I will be given a copy of this consent form.

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Signature

---

Date

## Appendix B:

My name is \_\_\_\_\_ and my partner is \_\_\_\_\_. We are doing a study in Industrial/Organizational Psychology (I/O), which is the application of psychology to a business setting. Our study focuses on how good letters of recommendations are at predicting future job performance. We are working with a company from Indianapolis, Indiana whose name has been changed to Business Communication Systems for privacy issues. The employees presented in the letters have recently been rated for job performance by BCS for their 1-year evaluations. We would like you to review the letters of recommendation for each of these employees and answer the questions on the questionnaire based on your impressions of the letter. We will give each of you one letter of recommendation to review. Once you have read through the letter carefully, please raise your hand and one of us [or I] will collect the letter and give you the questionnaire to complete. Please answer all questions, even though you may not feel qualified to do so. When you have finished your questionnaire, please place it face down on the table, and we will dismiss you once everyone is finished. Do you have any questions before we start?

Appendix C:

**CorpCom Incorporated**

6503 Meridian St. • Indianapolis • IN • 46899

(317) 871-6753 • Fax (317) 871-6754

March 16, 2004

To Whom It May Concern:

I've been George Anderson's [Juan Gonzalez's] manager for over six years. While I wish him only the best and fully understand that he must advance his career, I'm truly sorry to see him go. It has been a pleasure having him on my team.

George [Juan] is a professional technical writer of the highest caliber, who meticulously researches, formats, edits and proofs his documents. I've received many compliments from customers who rely on George's [Juan's] documentation. Management and personnel in tech support, engineering, technical training, and other departments praise his work.

George [Juan] is an innovative self-starter, who rarely needs supervision. He is punctual and typically exceeds expectations. He handles pressure well, and will voluntarily work overtime and take work home to meet a deadline. For example, we received a rush order from one of our customers for a complex product modification, including critical user documentation. George [Juan] not only made the extremely tight deadline, but beat it; yet he still produced a stellar, technically-accurate addendum for the standard user manual. Sales, marketing, training and engineering were quite pleased with George's [Juan's] performance in this crunch. Even our CEO was impressed, and our customer was ecstatic. This is just one example among many of George's [Juan's] superior skills and admirable work ethics.

George [Juan] is an invaluable asset to any technical communications department, and I highly recommend hiring him. If you'd like to discuss his attributes in more detail, please don't hesitate to contact me.

Sincerely,

John McAdams  
Manager, Technical Communications  
Ext. 245, jmcadms@hotmail.com

Appendix D:

**CorpCom Incorporated**  
6503 Meridian St. • Indianapolis • IN • 46899  
(317) 871-6753 • Fax (317) 871-6754

March 16, 2004

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To emphasize George's [Juan's] performance under stress, he was able to overcome adversity by coping with mild depression [severe depression] while he was under my employment. After receiving treatment, he has demonstrated a complete return to his previous level of efficiency.

George [Juan] is an invaluable asset to any technical communications department, and I highly recommend hiring him. If you'd like to discuss his attributes in more detail, please don't hesitate to contact me.

Sincerely,

John McAdams  
Manager, Technical Communications  
Ext. 245, jmcadms@hotmail.com



Answer the following about yourself.

Page 2

6) Sex: Female \_\_\_\_\_ Male \_\_\_\_\_

7) Age: \_\_\_\_\_

8) Ethnicity:

(a) African-American

(b) Asian Indian

(c) East Asian

(d) European-American, European, or Caucasian

(e) Native American

(f) Hispanic

(g) Other \_\_\_\_\_

9) Were you informed about this study before participating?      Yes      No

10) Are you a member of CBP or a business major?      Yes      No

Appendix F:  
Job Hiring Prejudice Study Debriefing Information

The questionnaire you just completed is part of a study on how presence of mental illness and ethnicity affect how participants view the potential of an applicant. You were asked to rate an applicant on their trustworthiness, reliability, overall future job performance, and likeliness to hire in order to determine whether ethnicity and presence of mental illness have a significant effect on how participants interpret applicant characteristics.

The ratings on these items were based on six different combinations of variables: ethnicity (Hispanic and white non-Hispanic) and presence of mental illness (none, mild depression and severe depression). The ethnicity of the applicants was manipulated by changing the name of each applicant, which were: Juan González (Hispanic) and George Anderson (white non-Hispanic). Mental illness was indicated by the presence of a paragraph describing mild or severe depression in the applicant. If this paragraph was not present in the letter, the applicant did not have a mental illness.

We were not actually working with any business and their employees. Business Communication Systems and CorpCom Inc. do not exist. The applicants were fictitious such that no one's privacy rights were infringed upon. The letter of recommendation was modeled from a sample letter provided online. This cover story was created to ensure that your unbiased impressions were captured.

By doing this study we hope to see if prejudice affects the rating of an applicant based on his demographics. We predict that as a group, your ratings for a white non-Hispanic male without a mental illness will be higher than any other variable combination. At the other end of the spectrum, we predict that your ratings for a Hispanic male with a severe mental illness will be lower than any other variable combination.

If you have any further questions or comments pertaining to this study, feel free to contact Bobby Carnicella at [carnicella@hanover.edu](mailto:carnicella@hanover.edu), or Stephanie Voigt at [voigt@hanover.edu](mailto:voigt@hanover.edu), or Dr. Skip Dine Young at [youngst@hanover.edu](mailto:youngst@hanover.edu) or in room 156 of the Science Center. In May of 2006, the results will also be posted at [psych.hanover.edu](http://psych.hanover.edu).

## References

- Aronson, E. (2004). *The Social Animal* (9<sup>th</sup> ed.). New York, NY: Worth Publisher.
- Brehm S. S., Kassin, S. M., & Fein, S. (1999). *Social psychology* (4<sup>th</sup> ed.). Boston, MA: Houghton Mifflin.
- Chamberlain, J. (1978). *On our own: Patient-controlled alternatives to the mental health system*. New York, NY: McGraw-Hill.
- Chew – Graham, C. A., Rogers, A., & Yassin, N. (2003). ‘I wouldn’t want it on my CV or their records: Medical students’ experiences of help-seeking for mental health problems. *Medical Education*. 37, 873-880.
- Combs, I., & Omvig, C. (1986). Accommodation of disabled people into employment: Perceptions of employers. *Journal of Rehabilitation*, 52, 42-45.
- Corrigan, P.W., River, L. P., Lundin, R. K., Wasowski, K. U., Campion, J., Mathisen, J., et al. (2000). Stigmatizing attributions about mental illness. *Journal of Community Psychology*, 28, 91 – 102.
- Corrigan, P. W. (2004). How stigma interferes with mental health care. *American Psychologist*, 59, 25 – 30.
- Drehmer, D. E., & Bordieri, J. E. (1985). Hiring decisions for disabled workers: The hidden bias. *Rehabilitation Psychology*, 30, 157-164.
- Farina, A., Allen, J. G., & Saul, B. B. (1973). Employment interviewer reactions to former mental patients. *Journal of Abnormal Psychology*. 82(2), 268-272.
- Fielder, A. M. (2001). Adverse impact on Hispanic job applicants during assessment center evaluations. *Hispanic Journal of Behavioral Sciences*. 23(1), 102-110.
- Frey, D. L. & Gaertner, S. L. (1986). Helping and the avoidance of inappropriate interracial

- behavior: A strategy that perpetuates a nonprejudiced self-image. *Journal of Personality and Social Psychology*, 50, 1083 – 1090.
- Gouvier, W. D., Steiner, D. D., Jackson, W. T., Schalter, D., & Rain, J. (1991). Employment discrimination against handicapped job applicants: An analog study of the effects of neurological causation, visibility of handicap, and public contact. *Rehabilitation Psychology*, 36, 121-129.
- Gouvier, W. D., Sytsma-Jordan, S. & Mayville, S. (2003). Patterns of discrimination in hiring job applicants with disabilities: The role of disability type, job complexity, and public contact. *Rehabilitation Psychology*, 48(3), 175-181.
- Hebl, M., Foster, J., Bigazzi, J., Mannix, L., & Dovidio, J. (2002). Formal and interpersonal discrimination: A field study of bias toward homosexual applicants. *Personality & Social Psychology Bulletin*, 28(6), 815-825.
- Kenney, G. M., & Wissoker, D. A. (1994). An analysis of the correlates of discrimination facing young Hispanic job-seekers. *American Economic Review*. 84(3), 674–683.
- Link, B. G., & Cullen, F. T. (1986). Contact with the mentally ill and perceptions of how dangerous they are. *Journal of Health Social Behavior*. 27, 289-302.
- Mechanic, D. (1998). Cultural and organizational aspects of application of Americans with Disabilities Act to persons with psychiatric disabilities. *The Millbank Quarterly*. 76(1), 5-23).
- Niznik, J. S. (2000). Retrieved October 28, 2005, from <http://jobsearchtech.about.com/library/weekly/aa021400-smp2.htm>).
- Rotter, J. B., Chance, J. E., & Phares, E. J. (1972). *Applications of a social learning theory of personality*. Oxford, England: Holt, Rinehart and Winston.

- Sarason, I. G., & Sarason, B. R. (2005). *Abnormal psychology: The problem of maladaptive behavior* (11<sup>th</sup> ed.). Englewood Cliffs, NJ: Prentice Hall.
- Stone, C. I., & Sawatzki, B. (1980). Hiring bias and the disabled interviewee: Effects of manipulating work history and disability information of the disabled job applicant. *Journal of Vocational Behavior, 16*, 96-104.
- Sturm, R., Gresenz, C. R., Pacula, R. L., & Wells, K. B. (1999). Labor Force participation by persons with mental illness. *Psychiatric Services, 50*(11), 1407.
- Tucker – Ladd, C. (2004). *Psychological Self – Help*. Retrieved April 18, 2006, from <http://psychcentral.com/library/antidepressants.html>.
- Tükel, R. & Seyda, G. (1996). Relating locus of control to age, anxiety and depression. *Türk Psikiyatri Dergisi, 7* (1), 11 – 16.
- U.S. Department of Labor. (1990). *The Americans with Disabilities Act of 1990*. Retrieved November 6, 2005, from <http://www.dol.gov/esa/regs/statutes/ofccp/ada.htm>.
- U.S. Department of Labor. (2005). *Bureau of Labor Statistics for November 2005*. Retrieved November 26, 2005, from <http://www.bls.gov/news.release/empsit.t03.htm>.
- Weiner, B., Perry, R. P., & Magnusson, J. (1988). An attributional analysis of reactions to stigma. *Journal of Personality and Social Psychology, 55*, 738 – 748.
- Word, C., Zanna, M., & Cooper, J. (1974). The nonverbal mediation of self-fulfilling prophecies in interracial interaction. *Journal of Experimental Social Psychology, 10*, 109-120.

